

# PSTD AND DOMESTIC VIOLENCE IN VETERANS

Susan Knoedel, MSW, MS

June 29, 2009

# Overview for today's talk

- ▣ Define DV/IPV
- ▣ Scope of problem, include victims, but primarily focused on perpetration of DV/IPV
- ▣ Rates of perpetration by veterans
- ▣ Review some recent research identifying salient variables associated with vets' higher rates
- ▣ Treatment effectiveness/options

## A few caveats about this presentation

- ▣ Rigorous research on the perpetrators of IPV/DV has been undertaken only relatively recently, so limited conclusions possible given methodology
- ▣ There is violence in a percentage of all varieties of intimate relationships. Since most of the reported violence is male to female, and because sample sizes are an important element in confidence in findings, most research focuses on male to female violence.

# What is IPV/DV?

- ▣ Single incident versus a pattern?
- ▣ Does it matter what the cause is?
- ▣ Does IPV/DV only refer to physical abuse?  
Does the level of physical abuse matter? Verbal or emotional abuse, limiting access to social support, basic needs?
- ▣ Researchers: one incident of physically aggressive behavior over the past year, also look at number and severity of acts

# The scope of the problem of IPV/DV in U.S.

- ▣ 12-13% of couples (1 in 8) in the U.S. reported at least one incident of IPV in previous year (National Family Violence Surveys in 1975, 1985 and 1992, Straus & Gelles 1990, Straus & Kantor 1994).
- ▣ Victims more often women (6.4 per 1,000) than men (1.1 per 1,000) (Catalano, 2006, 10 yrs of data, Rennison & Welchans, 2000) , but slightly less than half of all people who report committing DV also report being victimized.
- ▣ Male to female violence leads to greater harm than female to male (Browne 1997, Brush 1990, Morse 1995, Tjaden & Thoennes, 2000))

## Some variables associated with reported rates of IPV/DV

- ▣ Age – younger men and women are both more likely to be victims and perpetrators of DV
- ▣ Race – African American and Native American men and women have *slightly* higher rates of reported DV. Lowest rates of reports among Asian/Pacific Islander and Hispanic people
- ▣ SES- highest report <\$7500, least >\$50,000
- ▣ Marital status – higher if Div/Sep/Single

# Variables continued...

- Psychiatric diagnoses (PTSD, Depression, Antisocial PD, Substance Abuse/Dependence)
- Additional Intrapersonal factors (related to problem-solving skills, ability to tolerate distress, impulsivity)
- Interpersonal or developmental factors

# Veterans and IPV incidence

- ▣ Male veterans with PTSD are 2-3 x more likely than veterans without PTSD to engage in IPV, and more likely to be involved in the legal system.
- ▣ Research shows rates of IPV ranging from 32% (NVVRS) to 80% (in a treatment-seeking sample) (Riggs, Byrne, Weathers & Litz 1995; Byrne & Riggs, 1996; Straus & Gelles, 1990, Sherman et al, 2006).

# PTSD

- ▣ PTSD symptoms can be related to a broad range of Criterion A stressors. Includes childhood sexual abuse, rape, combat, serious accidents, natural disasters, assault
- ▣ The majority of people are exposed to a Criterion A stressor by the time they are middle-aged, yet the majority of people do NOT develop PTSD

# How to sort role of PTSD vs. combat alone in DV rates

- ▣ Combat and PTSD
- ▣ Combat and no PTSD
- ▣ PTSD and no Combat
- ▣ No PTSD and no Combat

# Combat + PTSD vs. Combat and no PTSD

- ▣ Most studies find that combat exposure alone is not sufficient to increase risk, must have PTSD, though one study suggests a direct path between both combat exposure and perceived threat in war zone to DV (Orcutt et al, 2003)
- ▣ Combat vets with PTSD reported perpetrating more violent acts in the family than did combat vets w/o PTSD (Beckham, Feldman, Kriby, Hertzberg, & Moore, 1997)
- ▣ Impact of the trauma (i.e., PTSD, especially severe PTSD) seems to be the most relevant

# PTSD and No Combat vs. No PTSD and No Combat

- ▣ Study in a substance abuse treatment facility. N=196 *women and men*, all with Criterion A PTSD stressor but *not combat*.
- ▣ Compared levels of physical aggression among subjects with and w/o PTSD, cocaine abuse, and alcohol abuse.
- ▣ Results suggested that, independent of substance abuse issues, people with PTSD were at increased risk of perpetrating IPV. (Parrott et al, cited in Sherman, Sautter, Jackson, Lyons & Han 2006)

# Gender and IPV/DV

- ▣ Women tend to experience different types of trauma than do men (more often interpersonal).
- ▣ Men committing IPV tend to report more severe violence, women more emotional abuse.
- ▣ However, in the general population, more women than men have both PTSD and depression, so we would expect that there would actually be slightly higher rates of IPV committed by women

# Psychiatric diagnoses associated with IPV/DV

- ▣ PTSD
- ▣ Alcohol Abuse or Dependence
- ▣ Depression
- ▣ Antisocial Personality Disorder

# Disorders that are highly co-occurring with PTSD

- ▣ Depression
- ▣ Alcohol Abuse/Dependence

# Additional Intrapersonal factors hypothesized as relevant to DV

- ▣ Strategies for problem – solving
- ▣ Reactivity to and ability to tolerate distress
- ▣ Impulsivity

## Link with substance use

- ▣ Both drinking quantity and hyperarousal uniquely contribute to both physical and psychological abuse. The greater the quantity, the more marital aggression.
- ▣ Physiological changes with alcohol may make it more likely to act violently overall
- ▣ When alcohol use is at a minimum (low frequency/low quantity), hyperarousal has the strongest relationship to husband to wife violence. (Savarese, Suvak, King & King, 2001).

# Interpersonal factors

- ▣ High rates of marital instability (Kessler, 2000)
- ▣ Significant relationship problems (Riggs, Byrne, Weathers & Litz, 1998)
- ▣ Chronic relationship problems found in WWII POWs (Cook, Riggs, Thompson, Coyne & Sheiky, 2004)

# Nature of PTSD relationship dysfunction

- ▣ Higher levels of anger than non PTSD combat vets (Novaco & Chemtob, 2002)
- ▣ Anger can show up as hostile behavior, including IPV. Beckham et al (1996) found VN vets with PTSD reported more hostility and evidenced more hostile behavior in an interpersonal interaction than did either non-PTSD vets or community controls.
- ▣ Emotional numbing
- ▣ Sexual dysfunction

# Additional Interpersonal factors: Developmental experiences

- ▣ Developmental experiences, social learning have been considered in relation to IPV
- ▣ Does exposure to domestic violence in childhood increase risk of engaging in IPV, via social learning or another mechanism?
- ▣ Most research shows correlations, however, in a study of NVVRS data, no SS shown using 4 measures of family dysfunction: turmoil, severe punishment, witnessing IPV of parents, other childhood trauma.

# Treatment-seeking Veterans

- ▣ > 80% of vets (with *either* PTSD or Depression dx) had at least one act of violence towards partner in the last year, and almost 50% of the PTSD vets had at least one severe act (versus approx. 25% of males in couples seeking counseling at university clinic endorsed severe act)
- ▣ Regression analysis, odds of overall violence for PTSD vets 5.4x greater than other vets, and severe violence 26.4x (Sherman et al, 2006)

# Possible overlap in PTSD and DV dynamics

- ▣ Coping behaviors used to cope by people with PTSD may increase risk of IPV
- ▣ Extreme attempts at controlling environment
- ▣ Black and white thinking
- ▣ Negative self-appraisal sometimes coupled with heightened sensitivity to perceived judgment/criticism

# Revictimization

- ▣ Childhood sexual abuse is associated with increased risk for adult sexual assault (Messman & Long, 1996).
- ▣ Increased reports of combat exposure during Gulf War were associated with increased reports of traumatic life events approx. 2.5 yrs later (Orcutt, Erickson & Wolfe, 2002).

# Treatments

- ▣ Treatments focused on DV
  - Duluth Model
  - CBT (Cognitive Behavioral Therapy)
- ▣ Treatments focused on correlated risk factors
  - PTSD treatments
  - Depression treatments
  - Alcohol abuse/dependence treatments

# DV treatments

- ▣ Duluth Model vs. CBT Model
- ▣ Difficulty evaluating outcomes, lots of methodological shortcomings (small sample, no control group, high dropout rates, self-report measures)
- ▣ Overall, modest but still statistically significant reductions in recidivism
- ▣ Arrest alone not as effective as in combination with other interventions

# Dropout rate in DV treatment

- ▣ High rates of dropout in battering programs for men (20-30% for those who begin short-term programs. Half of 30 programs surveyed reported completion rate of 50% or less. If dropout rates are based on attendance at intake session, it's even higher)
- ▣ Factors in dropout rates: unemployment, youth, not legally married, low income, little education, unstable work hx's, criminal backgrounds, excessive drinking or drug abuse.

# VA treatments for associated psychiatric diagnoses

- ▣ PTSD treatment
  - Prolonged exposure
  - Cognitive Processing Therapy
  - EMDR
- ▣ Depression treatment
  - Cognitive Behavioral Therapy
  - Interpersonal Therapy
  - Acceptance and Commitment Therapy (coming soon)
- ▣ Alcohol abuse/dependence treatment

## In summary

- ▣ Male veterans have higher rates of IPV than the general population
- ▣ Most of the research points to PTSD or co-occurring psychiatric disorders as a significant element in that increased risk
- ▣ Some support for idea that PTSD, regardless of type of trauma (i.e., not just combat), confers additional risk
- ▣ Severity of PTSD, presence of hyperarousal symptoms, are more strongly correlated than just PTSD
- ▣ VA offers effective treatments for correlated psychiatric diagnoses