Supporting our troops’ Families: The impact of family violence on military families
Military couples report which of the following factors as helpful in promoting relationship resilience:

A. Communication during deployment.
B. Support of family & friends.
C. “Civilian” healthcare providers understanding the unique health challenges for military families.
D. Trusting each other during deployment.
E. All of the above.
Health impact of deployment:

Service members:

- RAND reports 18.5% of representative sample of returning SM met criteria for PTSD or depression; 19.5% probable TBI; 7% psychological health problem (Tanielian & Jaycox, 2008);
- PTSD commonly co-occurs with depression & TBI (IOM, 2013);
- Between 2001 – 2011, rate of SM diagnosed with a psychological condition increased by ≈ 62% (↑incidents of PTSD, anxiety, depression)... ≈49% of these multiple psychological disorders (Blakeley & Jansen, 2013).
Spouse/family:

- Hardship on families rises with the amount of traumatic & life-altering experiences of the service member (MacLean & Elder, 2007);
- Negative psychological symptoms displayed by service member also increases the impact on families (de Burgh et al., 2011);
- Deployment to a war theater is associated with increased depression and anxiety among military spouses (IOM, 2013);
Spouse/family:

- Military spouses seeking primary care at military facilities:
  - Spouses & service members reported similar levels of major depression or GAD (19.5% & 15.6%) [Eaton et al., 2008].
  - Compared to spouses of non-deployed, spouses with a deployed partner:
    - Significantly more depression, anxiety, adjustment disorders, sleep problems, acute stress reactions, and use mental health services more frequently (Mansfield et al., 2010).
Impact of deployment:

- **Women service members & reservists:**
  - Women who deployed & experienced combat reported highest cumulative 3-year incident of sexual harassment (19.9%) and assault (4.0%) [LeardMann et al., 2013].

- **Deployment to combat zones:**
  - Predictive of marital conflict & intimate partner violence (IPV) [Hoge et al., 2008];
  - OIF/OEF family readjustment problems (75%) & mild to mod. IPV (60%) [Sayers et al., 2009];
  - OIF/OEF physical aggression w/in past 4 mos. [Jakupcak et al., 2007].
Deployment, PTSD & IPV: Not a causal relationship

- Relationship between PTSD and IPV perpetration found consistently in research studies (Kulka et al., 1988; Byrne & Riggs, 1996; Taft et al., 2011; Gerlock, 2014).
- 21% of IPV nationwide is indirectly attributed to combat (mediated by the development of PTSD) (Prigerson, et al., 2002).
- Service members & military veterans in Offender Intervention: PTSD severity was significantly related to IPV severity (Gerlock, 2004).
Healthcare providers:

- **Suicides:**
  - Healthcare experiences [outpatient visits] had preceded suicide (45%) and suicide attempts (73% injuries & 76% self-harm) 30 days preceding these events for a US service members 2001-2010 (Trofimovich et al., 2010).

- **Access of care:**
  - Male military veterans with PTSD with provider-identified IPV perpetration, had significantly more healthcare visits than those without (Gerlock et al., 2011).
  - One in three women military veterans reported lifetime IPV victimization (compared to < one in four non-veteran) [Dichter et al., 2011]; VHA lifetime one in two [McIntyre et al., 1999]; sexual IPV most pronounced adverse health consequences (Dichter et al., in press).
Caregivers:

- Estimated between 275,000 and one million men and women who are caring for, or have cared for wounded, ill, or injured service members & veterans;
- Caregivers suffer physical strain and worse health; military caregivers suffer disproportionately from mental health problems & emotional stress (Tanielian et al., RAND 2013).
Deployment related PTSD & caregivers:

- Military veterans brought a unique cluster of interrelated issues to include PTSD symptoms, physical impairment, high rates of alcohol and/or drug abuse, and psychological & physical aggression;
- Spouses/partners reported their caregiving activities would sometimes “trigger” violence;
- Talk of killing in war during conflict was frightening and reinforced the credible threat of violence in the relationship [Gerlock et al., in-press].
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<tr>
<th>PTSD Symptoms</th>
<th>IPV Tactics</th>
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<td><strong>Re-experiencing:</strong> Nightmare-related aggression; aggression during a dissociative flashback.</td>
<td><strong>Physical/sexual assault:</strong> Occurs outside of nightmares and/or dissociative flashbacks.</td>
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<td><strong>Avoidance:</strong> Self-imposed social withdrawal; avoiding family/friends, and social activities.</td>
<td><strong>Social isolation:</strong> Cuts victim off from family/friends; isolates victim from support network.</td>
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<td><strong>Negative cognitions and mood:</strong> Negative beliefs about self and others; negative emotions (e.g., anger; inability to experience happiness and loving feelings).</td>
<td><strong>Emotional abuse:</strong> Suspicious and jealous of victim; accuses victim of unfounded actions (e.g., having an affair); alternates between angry, threatening behavior and demonstrations of love.</td>
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<td><strong>Arousal:</strong> Irritable/angry outbursts (little to no provocation); hyper-vigilance; reckless/self-destructive behavior.</td>
<td><strong>Intimidation and threats:</strong> Threatens victim through displays of anger and aggression; exposes victim to reckless behaviors (e.g., reckless driving); uses tactics of stalking and surveillance of victim; justifies anger through righteous rage (e.g., “you owe me”).</td>
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