

Supporting our troops' Families: The impact of family violence on military families

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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 $\approx 62\%$ (\uparrow incidents of PTSD, anxiety, depression)... $\approx 49\%$ of these multiple psychological disorders (Blakeley & Jansen, 2013).

Health impact of deployment:

◉ 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);

Health impact of deployment:

◉ 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).

Caregivers:

- 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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- ⦿ Trusting each other during deployment.

PTSD Symptoms vs. IPV Tactics*

PTSD Symptoms	IPV Tactics
<p><i>Re-experiencing:</i> Nightmare-related aggression; aggression during a dissociative flashback.</p>	<p><i>Physical/sexual assault:</i> Occurs outside of nightmares and/or dissociative flashbacks.</p>
<p><i>Avoidance:</i> Self-imposed social withdrawal; avoiding family/friends, and social activities.</p>	<p><i>Social isolation:</i> Cuts victim off from family/friends; isolates victim from support network.</p>
<p><i>Negative cognitions and mood:</i> Negative beliefs about self and others; negative emotions (e.g., anger; inability to experience happiness and loving feelings).</p>	<p><i>Emotional abuse:</i> Suspicious and jealous of victim; accuses victim of unfounded actions (e.g., having an affair); alternates between angry, threatening behavior and demonstrations of love.</p>
<p><i>Arousal:</i> Irritable/angry outbursts (little to no provocation); hyper-vigilance; reckless/self-destructive behavior.</p>	<p><i>Intimidation and threats:</i> 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”).</p>

*Presented, Oct. 10, 2013: BWJP webinar//Glenna & Gerlock (in-press). Intimate partner violence, military personnel, veterans & their families. Family