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# Intersection of Combat-related Co-occurring Conditions and Domestic Violence

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**MILITARY & VETERANS ADVOCACY PROGRAM**

**BATTERED WOMEN'S JUSTICE PROJECT**

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This project was supported by Grant No. 2015-TA-AX-K058 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

# Who is BWJP?

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The Battered Women's Justice Project is a national non-profit technical assistance and training provider.

We develop and promote innovations in policy and practice that improve the response to intimate partner violence (IPV) by the civil, criminal, and military justice systems.

Programs include:

- Military & Veterans
- Firearms
- Child custody
- Probation
- Protection orders
- Criminal justice responses

[www.bwjp.org](http://www.bwjp.org)

# Agenda

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Substance Abuse

Traumatic Brain Injury

Post Traumatic Stress Disorder

Depression

Suicide

Screening & Assessment

Context and Contextual Analysis

Intervention Programs

# Substance Use Disorders (SUDs) and IPV

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Both IPV perpetration and victimization are often co-occurring for people seeking alcohol and drug treatment

IPV perpetrators 2-3 times more likely to use illicit drugs and abuse or be dependent on alcohol or other drugs, or have serious mental illness [Lipsky et al., 2011]

While NOT causal, alcohol consumption (particularly binge drinking) linked to severity of IPV perpetration (Fals-Steward, 2003; Gerlock, 2012: NRI-04-040)

More alcohol consumption before violent IPV incidents among veterans and servicemembers [Marshall et al., 2005]

# Traumatic Brain Injury (TBI)

Traumatic brain injury: Disruption of brain function and disturbance of consciousness caused by an external injury to the head. A TBI may also occur when there is loss of consciousness and brain hypoxia secondary to strangulation.



# TBI Impairments

- ✿ **Cognitive Functioning:** Loss of consciousness, working memory problems, impaired attention, slowed thinking and reasoning processing, and communication problems
- ✿ **Emotional Functioning:** Depression, anxiety, irritability/rage, and mood swings
- ✿ **Behavioral Functioning:** Agitation, aggression, acting on impulse, not caring about things, and sleep disturbance
- ✿ **Physical Functioning:** Headaches, pain, visual problems, dizziness/vertigo, and seizures



# TBI and IPV

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Aggressive behavior after a moderate to severe TBI is common and generally seen within the first year after injury

However, this aggression may also be associated with a major depression and pre-injury substance abuse

Both TBI and PTSD may include an element of paranoia

Current research on the intersection of TBI and IPV includes findings on TBI secondary to victimization

Strangulation (just once) related to a significant increase in risk of homicide (Gwinn, March 2015).



## TBI SYMPTOMS

- Depression
- Memory Problems
- Pain, Headaches
- Sleep Disturbance
- Impulsiveness
- Irritability
- Aggression
- Rage, Mood Swings

## IPV TACTICS

- Social Isolation (Victim from Family/Friends, Economic Control)
- Emotional Abuse (Suspicion, Jealousy, Accusations)
- Intimidation/Threats
- Physical/Sexual Assaults

# TBI Symptoms and IPV Tactics

## Case Example

Wife of a Vietnam veteran:

“I know he got blown up in Vietnam. I can understand him forgetting things. I even understand him getting angry. I just don’t understand...anytime when I take a weekend to work at the arts and crafts fairs he calls me all day long. He calls me awful names. He accuses me of having affairs and sleeping with other men. Now just when am I supposed to do that...In between selling a bracelet and an earring?”

# TBI Symptoms and IPV Tactics

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In this example, she identifies the general problems with memory and anger that can be associated with a TBI.

But, she correctly points out how a TBI doesn’t seem to explain his ongoing name-calling, accusations, and constant monitoring of her through the phone calls. This is an example of IPV.

# Rates of PTSD

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Estimates vary from 18% (VA) of OIF/OEF veterans to as high as 35%

Close to 25% of Army soldiers, with deployment to Iraq, met definition of PTSD at long-term follow-up (*Vasterling, et al., 2016*)

PTSD is an enduring, consequence of warzone participation

# PTSD and IPV

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Most military servicemembers and veterans with PTSD **do not become abusive or violent**

Veterans w/PTSD report significantly **higher rates of generally violent behaviors and aggression** than veterans w/o PTSD

Studies have consistently found veterans w/PTSD have **higher incidence of IPV perpetration** than veterans w/o

## *Correlation vs. Causation*

Gerlock, Szarka, Cox, & Harel, 2016; Gerlock, 2004; Orcutt, King, & King, 2003;  
Sayers, Farrow, 18 Ross, & Oslin, 2009

# Posttraumatic Stress Disorder (PTSD)

## *DSM-V*

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**Criteria A:** Traumatic event

**Criteria B:** Intrusive symptoms

**Criteria C:** Persistent avoidance

**Criteria D:** Negative alterations in cognitions and mood [Negative beliefs about self and others, fear/horror/anger/guilt/shame]

**Criteria E:** Marked alterations in arousal [hypervigilance, paranoia, anger, irritability, verbal or physical aggression, startle, concentration problems, sleep]

**Criteria F,G,H:** > month, distress & impairment, not due to medication, substance use, or other illness

## **PTSD SYMPTOMS**

- **Avoidance (Self-imposed Social Withdrawal)**
- **Negative Cognitions & Mood (Anger, Inability to experience Positive Emotions)**
- **Arousal (Hypervigilance, Irritability, Recklessness)**
- **Re-experiencing (Flashbacks & Nightmares)**

## **IPV TACTICS**

- **Social Isolation (Victim from Family/Friends, Economic Control)**
- **Emotional Abuse (Suspicion, Jealousy, Accusations)**
- **Intimidation/Threats**
- **Physical/Sexual Assaults (outside of Flashbacks & Nightmares)**

# Problems with threat appraisal (impulsive/reactive violence)

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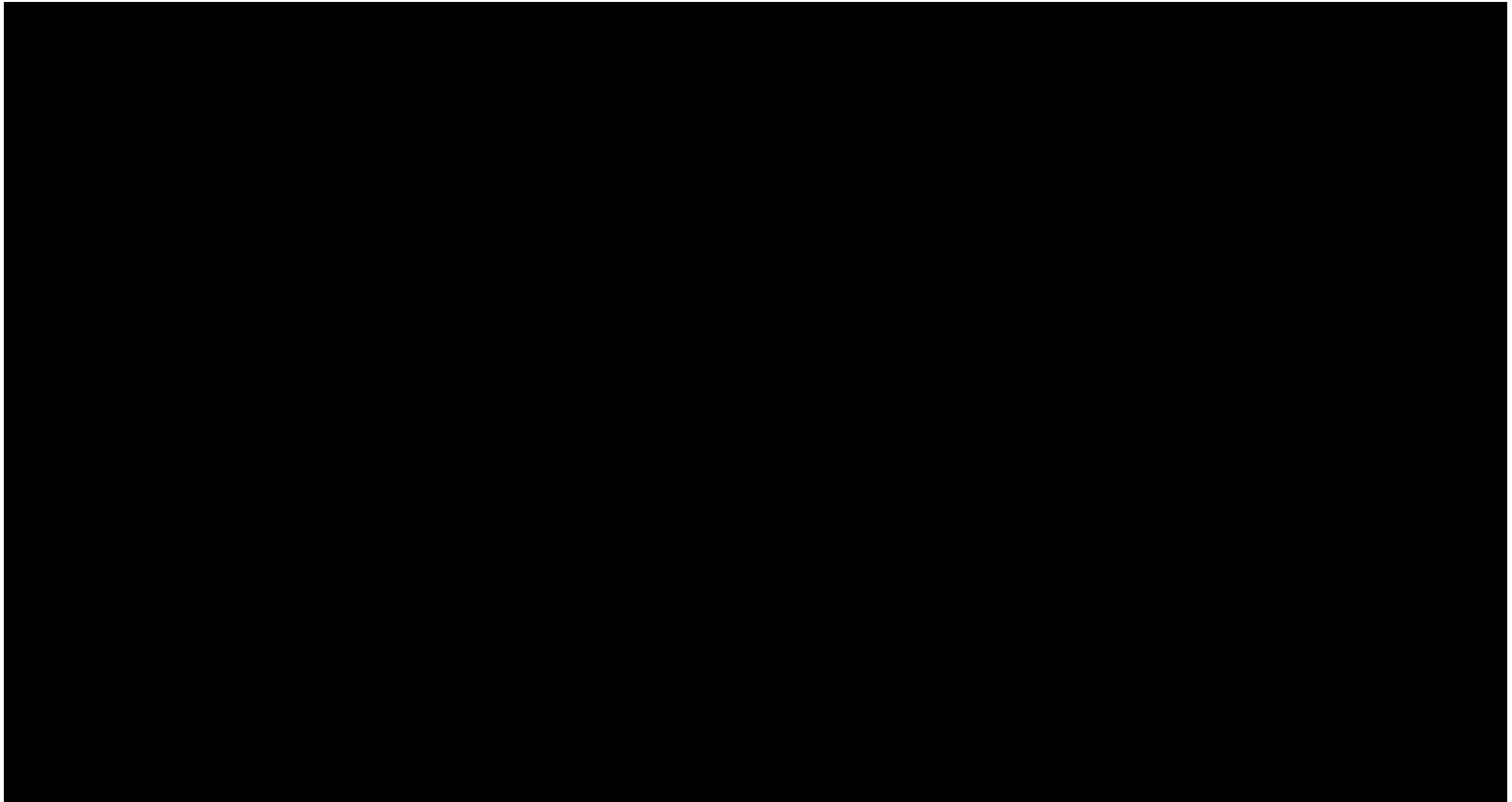
Heightened arousal may prevent cognitive reappraisal of threat and consideration of alternative ways of behaviorally responding

Physiological arousal creates a + feedback loop, strengthening hyper-arousal and perceived threat, creating an *“Active Threat Schema”* [Bell & Orcutt, 2009; Teten, et al., 2009]



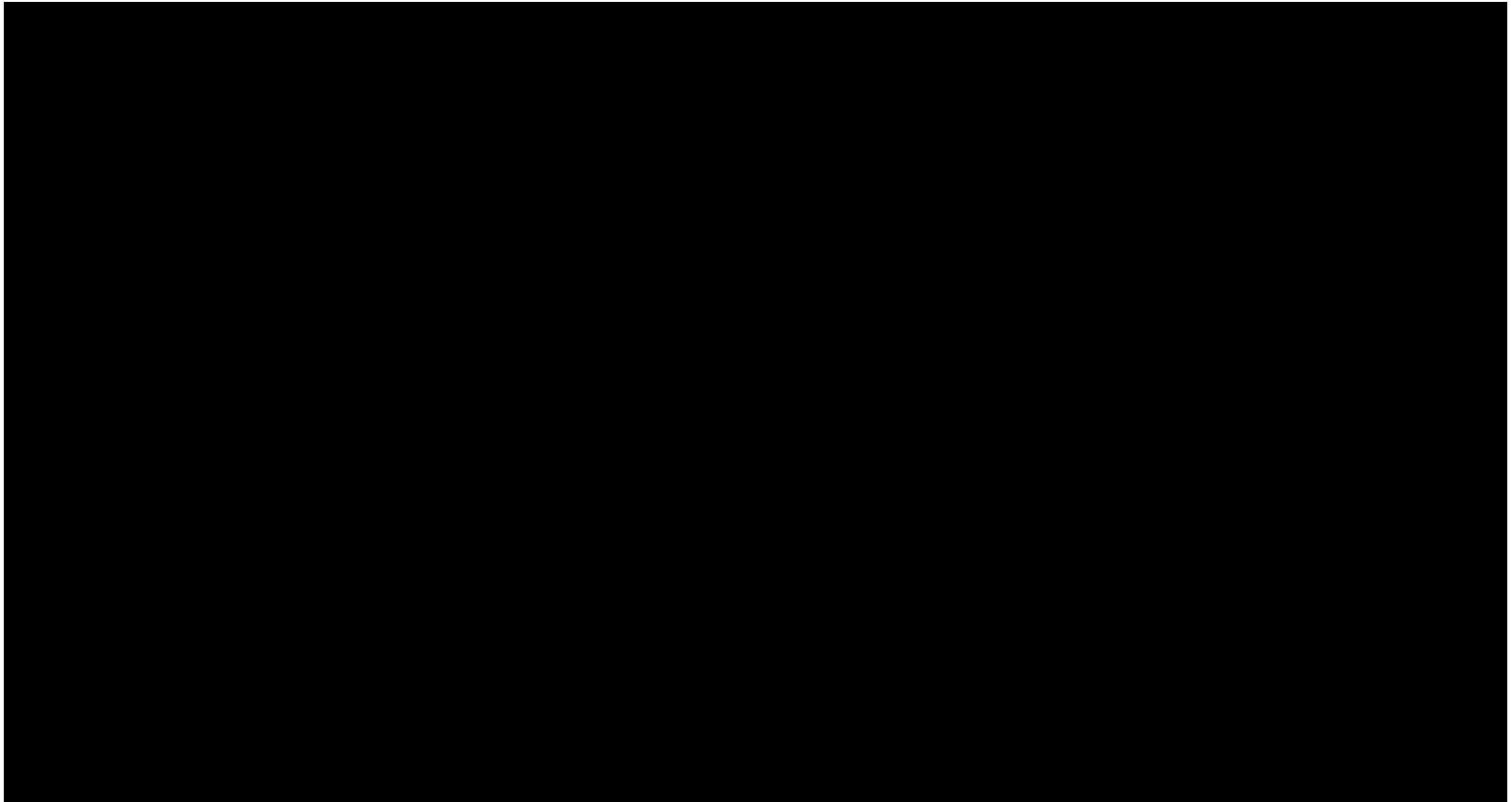
# Hector's Arrest

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# Hector's Pre-arrest

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# Depression

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Depressed mood most of the day, nearly every day

Diminished interest or pleasure in all or almost all activities

Significant weight change

Sleep disturbance (insomnia or hypersomnia)

Slowed response or agitated behavior

Fatigue or loss of energy

Feeling worthless or excessive inappropriate feelings of guilt

Impaired concentration

Recurrent thoughts of death or killing themselves

## **DEPRESSION**

**Lack of interest / stop participating in activities**

**Trouble getting to/staying asleep; may awaken early and be unable to get back to sleep**

**Thoughts of death or actually make plans to kill him/herself**

## **PTSD SYMPTOMS**

**Avoid activities in order not to trigger symptoms**

**Disturbed sleep compounded by nightmares or night terrors resulting in fatigue and loss of energy**

**Wish to be dead because of survival guilt; feel as if something bad is about to happen**

# Servicemembers and Suicide

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Rates of suicide death more than doubled for Army soldiers from 2001 through 2009

Surpassed adjusted civilian rate in 2008 (*Black, et al., 2011*)

Soldiers with a combat arms occupation at a high risk for PTSD reactions, suicidality, other mental health problems, relative to other military occupations (*Sundin, et al., 2010; Trofimovich, et al., 2013*)

Among suicide attempters, soldiers with a combat occupation had a higher risk than other soldiers, with exception of Special Forces (*Ursano, et al., 2017*)

# Veterans and Suicide

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- 30,000 - 32,000 US suicide deaths per year among the population overall (CDC)
- 20% are veterans
- 18 deaths from suicide per day are veterans
- 5 suicide-related deaths/day among veterans receiving VA care
- 950 suicide attempts per month among Veterans receiving care as reported by VA suicide prevention coordinators (October 1, 2008 – December 31, 2010)
- Veterans are more likely than the general population to use firearms as a means for suicide

# Screening vs. Assessment

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## SCREENING

- Quick check to determine if something exists (e.g., high blood pressure)
- Questions routinely asked to determine a problem
- Goal is to identify problem
- Conducted by anyone with some knowledge
- Need protocols for action for positive screen

## ASSESSMENT

- A more in-depth, focused look at a problem
- Needed to establish a diagnosis
- Needs to be done by qualified people
- Guides intervention once the problem is confirmed

# Screening - TBI

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H.E.A.D.S.

Have you experienced:

**H**eadaches

**E**ars ringing

**A**ltered consciousness

**D**izziness

**S**omething isn't right



# Screening - TBI

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Screening helps determine if brain trauma occurred and if a referral needs to be made

## Four sections

- Section 1 establishes a trauma to the head
- Section 2 establishes symptoms and injury immediately at the time of the event
- Section 3 establishes the symptoms after the event
- Section 4 establishes ongoing symptoms and problems that are connected to the injury

*Department of Veterans Affairs*

# Screening - PTSD

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In your life, have you ever had any experience that was so frightening, horrible, or upsetting that you...

- Have had nightmares about it or thought about it when you did not want to?
- Have had nightmares about it or thought about it when you did not want to?
- Tried hard not to think about it or went out of your way to avoid the situation that reminded you of it?
- Were constantly on guard, watchful, or easily startled?
- Felt numb or detached from others, activities, or your surroundings?

3 or more a positive screen for PTSD

# Screening - Depression

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Patient Health Care Questionnaire -2 (0 – 3)

- Over the past 2 weeks, how often have you been bothered by any of the following problems?
- Little interest or pleasure in doing things
- Feeling down, depressed or hopeless

A score of 3 or more is a positive screen for depression

A negative screen does not mean a person is not depressed, a positive screen does not mean he/she is

If a person appears depressed, refer for a full assessment regardless of score on screening

# Screening - IPV

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## Perpetration

- Have you ever hurt or threatened your partner (wife/husband/girlfriend/boyfriend)?
- Have you ever pushed, grabbed, slapped, choked, or hit your partner?
- Have you ever forced sex or made your partner perform sexual acts they did not want to?
- Have you ever restricted your partner's freedom or kept her/him from doing things important to her/him?
- Have you ever belittled, insulted, or blamed your partner?

# Contexts of IPV

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## Violence in exercise of coercive control (Battering)

- Patterned set of behaviors
- Coercion and intimidation distinguish it from non-battering
- Entrapment essential goal

## Non-battering use of violence (Situational)

- NOT part of an attempt to establish an ongoing position of dominance in a relationship or in response to being battered

# Contexts of IPV (Cont'd)

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## Pathological violence

- Substance abuse
- Psychological problems (e.g., depression, mental illness, PTSD, TBI)

## Violent resistance

- Broader strategy by victims to stop or contain abuse, including violence directed at the abuser
- Battered Women's Syndrome
- Imperfect self-defense

*All IPV can lead to serious bodily injury or death.*

# Context Scenario #1

Joe, arrested for domestic assault.

Police report: Mary states that Joe, who is in the National Guard, has not been himself and has been binge drinking. Sunday night, he was drinking. After he went to bed he woke up screaming. She tried to calm him down, and he slapped her several times across the face and pulled out his gun from the nightstand.

She called the police because he became more and more agitated, waving his gun and acting “crazy.”

She says she’s concerned because he’s depressed and frequently has abusive outbursts over what she considers minor issues. She tells you that she never felt her relationship was uncomfortable or abusive and that he wasn’t like this before returning from combat in Afghanistan.

# Context Scenario #2

Anthony, arrested for domestic assault

Police report: Marie states she and her husband were arguing because she was threatening to leave and go to her sister's house. He threatened to kick her a## if she didn't shut up. She felt afraid and locked herself in the bathroom with her baby and called the police. Anthony started to kick the door and broke it down. He grabbed Marie and dragged her out of the bathroom. The police arrived and arrested Anthony.

Marie states that her husband hit her often when they were first married 2 years ago, but hasn't been violent for almost a year. She said she is still afraid of him because he threatens her whenever she does something he doesn't like, especially when she talks about leaving. Marie said she wants to leave the relationship, but her husband, a veteran, has threatened to inform Child Protection Services that she is using drugs even though she isn't.



# Context Scenario #3

Brad, arrested for domestic violence

Police Report: Police responded to call from neighbor

Brad grabbed his wife, Sandi's purse and pushed her away from him. She said she fell to the floor, hitting her head on the glass coffee table. She was bleeding severely from head and face and transported to the hospital.

Sandi said that she and her husband, a veteran of Desert Storm, frequently get into arguments over money. Her husband has been laid off from his job, and she says the home is a tense place. She reports that her husband has been accusing her of spending money recklessly. The current incident started because she wanted to go to the mall. She says she's concerned about the incident but not afraid. Sandi states there has been no history of violence in the relationship.

# Sources for Contextual Analysis

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Criminal history databases

Protection order registries to include NCIC's Protection Order file (POF)

Service/Personnel Records – Disciplinary proceedings; MPOs

Military Health records

Family Advocacy Program records

Incident Determination Committee/Clinical Case Staff Meeting (IDC/CCSM)

Service Central Registry

# Intervention programs available for Servicemembers and Veterans

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## VETERAN-COMPETENT

### ***Change Step***

- Minneapolis, MN
- US Air Force healthcare facilities

### ***Strength at Home – Men’s Program***

- 25 VAMCs and expanding

### ***Family Recovery Program***

- San Diego Vet Center

## OTHERS

### ***STOP Model***

- Numerous active duty US Army and Navy installations

### ***MRT for DV***

- VAMCs in Milwaukee, Appleton, WI, and Chicago (Jesse Brown)

# Resources

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BWJP's Military & Veterans Advocacy Webpage  
[www.bwjp.org/military.aspx](http://www.bwjp.org/military.aspx)

- *Safety at Home - IPV, Military Personnel, and Veterans* (Online course)
- *Screening, Assessment, & Intervention Model for IPV Perpetration and Co-Occurring Combat-related Conditions*
- *IPV: Insights into Military Personnel and Veterans* (Video and Facilitator's Guide)
- Webinars & Archived Recordings
- Legal and Advocacy listservs

# Resources

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BWJP - [www.bwjp.org](http://www.bwjp.org)

- Firearms
- Protection Orders
- Child Custody
- Probation

Domestic Abuse Intervention Programs (DAIP) - [www.theduluthmodel.org](http://www.theduluthmodel.org)

- Offender intervention/Non-violence programs
- Coordinated Community Response (CCR)

# Resources

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International Association of Chiefs of Police  
[www.theiacp.org/Police-Response-to-Violence-Against-Women](http://www.theiacp.org/Police-Response-to-Violence-Against-Women)

Center for Court Innovation -  
[www.courtinnovation.org/topic/domestic-violence](http://www.courtinnovation.org/topic/domestic-violence)

- Domestic Violence Courts

Aequitas - [www.aequitasresource.org](http://www.aequitasresource.org)

- Prosecutors

# Contact Information

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