Preventing Violence in Military Families

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Social Information Processing Model

- Men who use IPV exhibit cognitive deficits (e.g., faulty attributions, irrational beliefs) that impact interpretation (decoding stage)
- Men who use IPV have difficulty generating a variety of nonviolent responses (decision skills stage)
- Men who use IPV lack the skills to enact a competent response (enactment stage)
- The process influenced by “transitory factors” such as alcohol use, traumatic brain injury, etc.

Holtzworth-Munroe, 1992
Survival Mode Model

- Vigilance to threats in warzone leads combat veteran to enter into survival mode inappropriately when stateside
- Perceive unrealistic threats
- Exhibit hostile appraisal of events
- Overvalue aggressive responses to threats
- Exhibit lower threshold for responding to the threat

Chemtob et al., 1997
IPV Risk Factors

1) PTSD
2) Depression
3) Alcohol Use Problems
4) Traumatic Brain Injury
PTSD and IPV

- Service members without PTSD not more violent than civilians (Bradley, 2007)
- Rates in the National Vietnam Veterans Readjustment Study (Kulka et al., 1990)
  - Veterans with PTSD = 33%
  - Veterans without PTSD = 13.5%
- Meta-analytic results (Taft et al., 2011)
  - PTSD and physical IPV: $r = .42$
  - PTSD and psychological IPV: $r = .36$
PTSD and IPV

Re-experiencing

Avoidance/ Numbing

Hyperarousal

e.g., Taft et al., 2007
Irrational Beliefs

Total PTSD Symptoms → Irrational Beliefs
- \( a = -0.22^{**} \)
- \( c = 0.01^{**} \)
- \( c' = 0.01^* \)
- \( b = -0.01^* \)
- \( c = 0.27 \)
- \( b = -0.23 \)

Irrational Beliefs → Physical IPV
- \( b = -0.21 \)

Total PTSD Symptoms → Physical IPV
- \( c = 0.27 \)

Indices of mediation
- \( ab\) - indirect effect (90% CI)
  - \( 0.002 (0.000042, 0.00316^{**}) \)
- Percent mediation - \( ab/(c' + ab) \)
  - \( 21\% \)

Note: unstandardized (top) and standardized (bottom) regression coefficients

* = \( p < 0.05 \);
** = \( p < 0.01 \)
Depression

• Co-occurring depression among the strongest risk factors for violence among veterans with PTSD (Taft et al., 2005)
• Depressive feelings connected with anger-related feelings, thoughts, and memories in associative networks (Berkowitz, 1990)
Alcohol Use Problems

- Trauma and PTSD related to binge drinking (Adams et al., 2006)
- Self-medication hypothesis
- Alcohol disinhibits aggression through impact on executive functioning (Giancola, 2000)
Traumatic Brain Injury

• 19% of returning soldiers report possible TBI during their deployment (Tanielian & Jaycox, 2008)
  • Associated with executive function deficits
  • Among those with PTSD, TBI can lead to difficulties inhibiting behavior

• TBI rates 40% - 61% in domestic abusers
Core Themes

1) Trust
2) Self-Esteem
3) Power Conflicts
4) Guilt and Shame
Trust

- Trauma may have been caused by someone who was supposed to be trustworthy
- Others may have made poor decisions or mistakes
- May feel they can’t trust anyone or others are out to hurt or betray them
- Mistrust can carry over into relationships
- Controlling behavior may result
Self-Esteem

• May unfairly blame self for trauma
• Low self-esteem leads to relationship insecurity, controlling behavior, and IPV
Power Conflicts

• Exposure to trauma may contribute to a sense of powerlessness
• Feelings of powerlessness contribute to power conflicts in relationships
• IPV theories highlight beliefs related to power in relationships (Pence & Paymar, 1993)
Shame

- Veteran may experience trauma-related shame
- Aggression may represent maladaptive effort to avoid shame and associated feelings of weakness, inferiority, and worthlessness (Gilligan, 2003)
- Shame hinders responsibility-taking
IPV Intervention
Lack of Empirically Supported Interventions

- No prior randomized clinical trial has shown treatment effects in military population (e.g., Dunford, 2000)
- Those receiving interventions in other settings average 5% reduction in recidivism relative to untreated groups (Babcock et al., 2004)
- Barriers to examining IPV interventions
  - Randomizing violent men to no-treatment controls
  - Arrest and monitoring associated with IPV reduction
  - Lack of victim contact
Limitations of Existing Interventions

• Not tailored to military populations
• Are not trauma informed
• Deemphasize psychiatric factors (PTSD) and biological factors (head injury)
• Many are not considered “therapy”
• Large, impersonal groups
Strength at Home
Program Objectives

- Department of Defense
- Department of Veterans Affairs
- Model program for treating IPV in service members/Veterans
Structure and Format

- Veterans or active duty servicemen who have engaged in recent IPV
- Closed groups
- 12 weekly 2-hour sessions
- 5-8 veterans per group
- Male and female co-therapist
- Additional monitoring, treatment, and support
Intimate Partner Involvement

- Contacted every three months
- High (>70%) rate of contact
- Safety planning, hotline numbers, mental health services, other support
- Perceptions of IPV
- Program feedback
Interventions Informing Strength at Home

- Intervention for IPV perpetration (Murphy & Scott, 1996)
- Cognitive Processing Therapy for PTSD (CPT; Resick & Schnicke, 1992)
- Cognitive-Behavioral Conjoint Therapy for PTSD (CBCBT; Monson & Fredman, in press)
Program Stages

Stage 4
Communication

Stage 3
Coping Strategies

Stage 2
Conflict Management

Stage 1
Psychoeducation
Strength at Home Stages

• Stage I (Sessions 1-2): Psychoeducation
  • Pros/cons of abuse
  • Forms of IPV and impacts of trauma
  • Core themes
  • Goals for group
Strength at Home Stages

- Stage II (Sessions 3-4): Conflict Management
  - The anger response
  - Self-monitor thoughts, feelings, physiological responses
  - Assertiveness
  - Time Outs to de-escalate difficult situations
Strength at Home Stages

- Stage III (Sessions 5-6): Coping Strategies
  - Anger-related thinking
  - Realistic appraisals of threat and others’ intentions
  - Coping with stress
  - Problem-focused versus emotion-focused coping
  - Relaxation training for anger
Strength at Home Stages

• Stage IV (Sessions 7-12): Communication Skills
  • Roots of communication style
  • Active listening
  • Assertive messages
  • Expressing feelings
  • Communication “traps”
Overall Session Structure

- Assign Practice: 40 minutes
- Introduce New Skill or Content: 15 minutes
- In-session Practice: 45 minutes
- Practice Review: 15 minutes
- Check-out: 5 minutes
Phase I (Pilot) Sample Characteristics

• 12 assessed
  • 5 failed to attend after initial assessment
  • 2 dropouts
  • 5 completed the intervention

• 5 completers
  • 4 Caucasian, 1 African American
  • Average age = 38.4 years
  • 4 married and living together, 1 in a relationship, not living with partner
  • 4 served in Iraq or Afghanistan, 1 in Vietnam
Physical IPV

**Physical IPV Variety Score**

- **Mild**: $d = 1.45$
- **Severe**: $d = 1.27$
- **Total**: $d = 1.57$

Legend:
- Pretreatment
- 6-month Follow-up
Psychological IPV

Psychological IPV Frequency Score

Mild: $d = 1.04$

Severe: $d = 1.28$

Total: $d = 1.34$

Pretreatment
6-month Follow-up

National Center for PTSD
Phase II (Randomized Clinical Trial)
Sample Characteristics

- 135 enrolled in study (67 to SAH-V intervention, 68 to ETAU)
- Average age = 38.10
- 77% White, 14% Black/African-American
- 34% married, 23% dating, 14% single
- 59% Court-involved
- 57% OEF/OIF/OND, 13% Vietnam, 8% Gulf War
- Treatment Completion ($\geq 9$ sessions): 55%
Assessed for eligibility (n=157)

Randomized (n=135)

Allocated to SAH intervention (n=67)

Received SAH intervention (n=57)

Completed week 12 follow-up (n=49)

Completed week 24 follow-up (n=52)

Allocated to ETAU intervention (n=68)

Completed week 12 follow-up (n=57)

Completed week 24 follow-up (n=57)

Received ETAU intervention (n=43)

Excluded (n=22)
Psychological IPV

$B = -0.304 \ (SE = .135)$
Restrictive Engulfment

$B = -0.072$ (SE = .027)