



VICTIM ADVOCATE GUIDE

INTIMATE PARTNER VIOLENCE (IPV) AND COMBAT EXPERIENCE

AVON
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for Women



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Most people returning from war zones will have stress reactions and will need to readjust to being home. It's important that advocates understand these stress reactions and their relationship to IPV in order to provide effective information and referrals to victims whose partners have been exposed to the trauma of combat and are exhibiting violent or abusive behavior.

What is the relationship between the effects of war and IPV? Does having been in combat cause IPV?

There is no one answer to this question. While most returning military personnel have readjustment and stress issues, **most do not become abusive to their partners and/or families.** However:

- There are reports of increased violence upon return in some relationships with a history of controlling behavior and/or physical violence prior to deployment to the war.
and
- There are reports of psychological and/or physical violence upon return from the war in some relationships with **no** history of violence prior to deployment,

Military members, including active duty military, Reserve, and National Guard personnel, learn combat skills and function in **a battle mindset** to survive in the combat zone, but this mindset and the accompanying combat skills may create problems when transitioning home. It can be difficult to change back to a "civilian" mindset upon returning home.

- Most people coming from war zones will have stress reactions and will need to readjust to being home. This can be especially intense during the first months. These common stress reactions are a normal part of readjustment. Anger, anxiety, fear, aggression, and/or withdrawal are common war-zone stress reactions. Even minor incidents can lead to over-reactions.
- Stress reactions and problems that last for months can affect relationships, work, and overall well-being, if not addressed. A person may be coping with stress by drinking, taking drugs, withdrawing, isolating, and/or he/she may be having sudden emotional outbursts.
- Many combat veterans who experience combat-related mental health problems (e.g., post-traumatic stress disorder (PTSD)) do not seek treatment either when they are active duty or when they become veterans.

THE BATTLE MINDSET

It can be difficult to change back to a "civilian" mindset upon returning home.

What is the relationship between the effects of war and IPV?

Does having been in combat cause IPV?

What is PTSD?

What other health/mental health issues might be related to military experience in a combat zone?

- Increasing numbers of psychologically injured active duty service members and veterans are surfacing in the criminal justice system accused of a variety of crimes, including but not limited to IPV.
- **Most combat veterans eventually readjust successfully to life back home.**

What health/mental health issues are related to military experience in a combat zone?

Post-traumatic Stress Disorder (PTSD)

- Many of the common reactions to experience in the war are also symptoms of more serious problems such as PTSD. PTSD is a serious but treatable condition that can occur after experiencing a traumatic event(s) that involved death or injury to self or others. Symptoms include:
 - Experiencing intrusive, bad memories of a traumatic event.
 - Avoiding things that might trigger memories of the traumatic event, such as crowded places, loud noises, etc.
 - Shutting down emotionally to prevent feeling pain, fear, or anger.
 - Operating on "high-alert" at all times, having very short fuses, and/or startling easily.
 - Experiencing sleep problems, irritability, anger, or fear.
- In PTSD, symptoms are much more intense and troubling and don't go away. If these symptoms don't decrease over a few months, they can cause problems in daily life and relationships. It can be difficult to be with someone with PTSD.
- **Some combat veterans with PTSD may be violent and some may not. When IPV is also present, PTSD may aggravate the IPV behaviors or vice versa.**

Traumatic Brain Injury (TBI)

- TBIs may be obvious traumas to the brain (e.g., direct wounds to the head and brain) and result in changes in speech, motor, and cognitive skills. Other TBI's may be mild and not so obvious.
- Explosions that produce dangerous waves of high pressure rattle a person's brain inside the skull and can cause a mild TBI. Helmets cannot protect against this type of impact. Some people have had these experiences while deployed but are unaware that some of their problems may be a result of a mild TBI.
- Some symptoms of mild TBI are similar to those of PTSD, such as sleep problems, poor memory, anxiety, depression, irritability, impatience, anger, poor impulse control and/ or increased verbal/physical aggression. There can also be headaches, dizziness, fatigue, blurred vision, and intolerance to noise and light.
- The presence of a TBI may aggravate PTSD stress reactions and vice versa.
- **Some veterans with TBI may exhibit increased verbal/physical aggression and become violent and some may not. When IPV is also present, TBI may aggravate the IPV behaviors and vice versa.**

Substance Abuse

- Some combat veterans "self-medicate." They drink or abuse drugs to numb out the difficult thoughts, feelings, and memories related to their war zone experiences. Warning signs of a problem include: frequent, excessive drinking or drug use; having thoughts they should cut down, feeling guilty or bad about drinking or using drugs; others becoming annoyed or criticizing how much the person is drinking or using drugs; problems with work, family, or other regular activities caused by drinking or drug use.
- **Some combat veterans with substance abuse problems may be violent and some may not. When IPV is present, the substance abuse may aggravate the IPV behaviors and vice versa. Research indicates that chronic substance abuse by the IPV perpetrator poses an increased risk for dangerous/lethal violence.**

Depression and Suicide

- War experiences and combat stress reactions can lead a depressed person to think about hurting or killing him or herself. The partners and family should take it seriously and seek help.
- A common emotional reaction to combat is to feel guilty, blame oneself, or feel shame. Combat-related guilt is strongly related to suicidal behavior.
- Male combat veterans are twice as likely to die from suicide as their civilian counterparts.
- **Combat exposure, PTSD, depression, substance abuse, and/or TBI increase the risk of suicide. Suicidal thinking and behaviors is one of the risk factors for lethal IPV.**

Advocacy Tips

- Ask each victim if the partner is a veteran, active duty military, or in the National Guard or Reserves. The victim may also be in the military or a veteran.
- Additionally, inquire about the history of violence:
 - Was the partner violent and/or controlling prior to military service or exposure to combat? Is the violence worse now, increasing in severity or frequency? Have they noticed other behavior changes?
 - If the partner has only become abusive since returning from the military/combat and the victim feels that his/her behavior is significantly different since returning, these behaviors may be combat related.
- Have a conversation with the victim to identify risk and danger factors in the relationship. (See the Assessing Risk and Danger in IPV section below).
- If the violent or "scary" behaviors are "new," the partner should be encouraged to have an assessment for PTSD and other combat-related issues.
- If there is a prior history of abusive and controlling behavior, and the violence is escalating or seems "different," there may be combat-related issues in addition to the IPV behaviors. The partner should be encouraged to have an assessment for PTSD and other combat-related issues.
- In either case, PTSD and other combat-related mental health issues are not an excuse for violent and controlling behavior. The veteran or service member will need treatment for the combat-related issues and an IPV assessment to determine if IPV intervention is needed as well.
- Talk with victims about short- and long-term safety options and strategies.

Assessing Risk and Danger in IPV

Most of the research on risk is based on violence toward women, which reflects the majority of cases coming into the criminal justice system and the majority of the research. These indicators suggest that without effective intervention, the violence will: (1) probably continue, (2) escalate, and (3) may become lethal. A victim's attempt to terminate the relationship, or even gain space from the abuser, is a major change that poses increased risk. Research also indicates that while victims' perceptions of high danger are typically accurate, their perceptions of low danger are often underestimated.

Violence with a pattern of coercion is a serious marker of high risk. Coercion may be exhibited as control of children, finances, or activities, sexual aggression, hurting pets, or isolating the victim from support systems. The following is an abbreviated list of factors related to risk and danger in IPV

Acts or Threats of Violence Associated with Risk and Lethality

The following are acts or threats of violence associated with risk and lethality. The factors listed in italics are particularly associated with lethal violence.

- *Stalking.*
- *Strangulation; attempts to "choke."*
- *Threats to kill the victim.*
- *Threats to kill that the victim believes or fears.*
- *Threats to kill that are conveyed to others.*
- *Threats of suicide.*
- *Forced sex or pressuring for sex even when separated.*
- *Serious injury to the victim.*
- *Carries, has access to, or threatens with a weapon.*
- *Violence outside of the home.*
- Aggression toward interveners.
- Threats to family, coworkers, victim's new partner.
- Animal abuse or killing pets.
- Damages to victim's property.
- Violent during pregnancy or shortly after birth.
- Hostage-taking; restraint.

Additional Considerations

You should also consider the following when determining the level of risk. Risk is higher when the violence is accompanied by:

- *An increase in frequency, severity, or type of violence over recent months.*
- *Almost daily impairment by alcohol or drugs.*
- *The victim attempting a permanent break from the relationship.*
- *Estrangements, separations, and reunions.*
- *Failure of prior interventions to impact the offender.*
- *A victim who expresses fear of threats to kill.*
- *A victim making no attempt to leave despite severe abuse.*
- *Prior arrests, police calls, and/or protection order(s).*
- Isolation of the victim (physical or social).
- A victim seeking outside help in the past year.
- A victim has a child who is not the offender's.
- An abuser who leaves before police arrive or eludes warrants.
- Drawing others into the abuse (e.g., children, family, friends).
- Non-compliance with probation or pretrial release.
- An abuser's:
 - *Obsessive control of victim's daily activities.*
 - *Obsessive jealousy.*
 - Lack of remorse.
 - Health/mental health issues (e.g., PTSD, TBI, depression, etc).
 - Financial difficulty; unstable housing.
 - Generalized aggression or violent acts.
 - Ongoing efforts to take the children from the mother.
 - History of violence in multiple relationships.
 - First act of violence is life-threatening or brutal.
 - Significant and harmful use of a child.

Homicide-Suicide

- Homicide-suicide accounts for 27-32% of lethal IPV incidents.
- *Predominant risk markers include: guns, patterns of estrangement and reunion, and offender's poor mental health.*
- Additional markers:
 - Obsession or jealousy.
 - Alcohol impairment (23 to 38% of offenders).
 - History of IPV.
 - Suicide attempts or threats.
 - Personality disorder.
 - Depression of offender (46%).

Help Is Available

- Eligible veterans can receive free screening and treatment for PTSD and other combat-related mental health issues. Services related to IPV are not provided in every Department of Veterans Affairs (VA) health care facility. Community-based offender intervention programs are available in most communities.
- Active duty military can receive free mental health services through Department of Defense health care resources.
- *Returning from the War Zone, A Guide for Military Personnel*, published by the VA National Center for PTSD, contains information on what to expect when returning from a war zone and how to help military members better adapt back to home life. The guide also provides a list of resources to make the reintegration process as smooth as possible. The guide can be found at:
http://www.ptsd.va.gov/public/reintegration/returning_from_the_war_zone_guides.asp
- *Returning from the War Zone, A Guide for Families of Military Members* is a similar guide for family members. It can be found at:
http://www.ptsd.va.gov/public/reintegration/returning_from_the_war_zone_guides.asp
- Active duty military and veteran families can contact **Military OneSource at 1-800-342-9647, 24 hours a day, 7 days a week**. If they are attached to a military installation, you/they can contact the installation victim advocate, the Family Advocacy Program (FAP), law enforcement and/or IPV/domestic violence programs in the local civilian community. Contact information for installation FAPs can be found online using MilitaryHOMEFRONT at www.militaryhomefront.dod.mil/ then click Military INSTALLATIONS in the "Our Websites" navigation at the bottom of the Home page.
- Additional information for understanding the military response to IPV/domestic violence can be found in the handbook: *Understanding the Military Response to Domestic Violence, Tools for Civilian Advocates* at <http://www.bwjp.org/articles/article-list.aspx?id=30>

For further information contact:

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Information on combat-related problems is adapted from *Returning from the War Zone, A Guide for Military Personnel*, Department of Veterans Affairs, National Center for PTSD. Information on risk is adapted from ASSESSING RISK AND DANGER IN IPV, *Blueprint for Safety - An Interagency Response to Domestic Violence Crimes*, Praxis International. See full report on www.praxisinternational.org.