

# **Domestic Violence, PTSD and Brain Injury: Military and Civilian Challenges**

## **Part 1**

**By Deborah D. Tucker**

It seems that almost once a week when we pick up the newspaper there is an article discussing an incident in which a family member has been seriously injured or killed by someone who had promised to *love and honor*. Sometimes the offender serves in the military under the U.S. Department of Defense (DoD), the Army, Air Force, Navy, and Marines, or perhaps the U.S. Coast Guard operated under the Department of Homeland Security (DHS). Sometimes it is a civilian with military ties serving in the U.S. National Guard. But more often the offender is a civilian who works in a myriad of private companies from very small businesses to major corporations. However, any of these civilian offenders could also have a background of service “in theatre”, meaning that they have gone to Iraq or Afghanistan as a member of the military or perhaps as one of the more than 100,000 civilian contractors.

The impact on America resulting from these wars has been widely discussed in terms of economics and the dreadful loss of over 4,000 of our citizens, and more than 30,000 service members struggling to overcome serious injuries sustained in Iraq and Afghanistan. Many of those have sustained Traumatic Brain Injury or TBI as a result of exposure to concussive blasts from the weapons frequently used in these conflicts. And certainly there have been some murders of wives and children linked to the military, most notably at Fort Bragg, North Carolina in 2002. But not all domestic violence assaults or murders are related to military service and not all of these offenses can be attributed to posttraumatic stress disorder (PTSD). Rather, we must strive to understand how domestic violence, PTSD and TBI be distinguished and how to craft interventions that prevent further violence and loss of life.

I direct the National Center on Domestic and Sexual Violence (NCDSV). NCDSV designs, provides and customizes training and consultation; influences policy, promotes collaboration and enhances diversity with the goal of ending domestic and sexual violence. From 2000-2003, I served as the Co-Chair of the U. S. Department of Defense Task Force on Domestic Violence (DTFDV).

In a two-part article, I will explore the military and civilian challenges presented by domestic violence and behavior that is more often associated with PTSD or TBI, whether attributable to experiences in a military setting or some other influence, such as being a victim of child abuse or sexual assault or from brain injury impacting the impulse control of the sufferer. I will offer recommendations for lawyers and judges as well as resources for intervention with the offender and support for the victims. I will consider how our professional roles and responsibilities to intervene must lead to

greater cooperation, coordination and collaboration with others in our communities if we are to end violence.

### **Overview of the Problem in the Military and Civilian Communities**

Domestic violence has been identified as the number one cause of injury to women in the United States, exceeding car accidents, muggings and household accidents combined. The rule of thumb is that one out of four women will be assaulted by an intimate partner at some point in her life<sup>1</sup>. Most of the states adopted many of the English laws and interpretations; only beginning in the late 1800's did they reconsider the acceptance of the use of violence in the family and overturned definitions for physical and sexual assaults that excluded those charges being brought against a family member. This process has taken more than 100 years for those exceptions to be removed from every state's statutes. In the Uniform Code of Military Justice, most of which was written when DoD was first established in the 1950's, only in the last five years have some of those exceptions been removed.

Whether civilians or those in the military commit more violence against family members is frequently debated. Some studies cited a five times higher rate of domestic violence in the military community. The DTFDV reviewed all research, published and unpublished, to ascertain the rate of occurrence in the military community. *The younger the offender the more likely he is to engage in violence of all types, within and without the family.* The military, particularly in the Army and Navy, has a concentration of young people. The DTFDV concluded that the lower ages rather than service in the military itself may influence the higher incidence rates of domestic violence often reported for military personnel.<sup>2</sup> What we do know is the most effective predictor of the use of violence in intimate relationships is the extent to which individuals have attitudes and beliefs that give rise to a sense of entitlement to control those around them. Some mistakenly believe that the military's cultural aspects of hierarchy and obedience to authority support the use of violence in the family. They mistake the chain of command where rank is everything and interpret their positions as having *higher rank* than other members of their families, misunderstanding that marriage is a partnership.

While advancing in rank in the military comes with increased responsibility and authority, the more successful of military members recognize that with increased responsibility comes a higher standard of service to others. They do not interpret advancing rank as permitting abusive conduct, but rather know they must ensure the

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<sup>1</sup> Incidentally, the saying "rule of thumb" comes from old English law in which a husband was permitted to "discipline" his wife or children with a rod no larger than the circumference of his thumb

<sup>2</sup> For additional information, visit the webpage: <http://www.ncdsv.org/images/InitialReport2001.pdf>, page 96.

safety, morale and ability to carry out the mission of those under their command: in other words, they are responsible for leading and encouraging those they command *to be all they can be!*

The DTFDV also found that elements of the military culture impede victims help-seeking. The command “need-to-know” was a well-established understanding that resulted in no institutional boundaries between one’s employer and the doctor, social worker, advocate, minister or other to whom a victim or a batterer might turn for help. When the DTFDV proposed that victims be permitted to obtain information and counseling without a report being made to the offenders’ command, we were told that it would take at least 50 years and to expect acceptance of gay and lesbian members of the service before our recommended change would go through. Surprisingly, given those dire predictions, the change in policy was actually issued in January of 2006.<sup>3</sup>

### **Definitions of Domestic Abuse and Domestic Violence**

**Domestic Abuse is defined by DoD as follows:** Domestic abuse is (1) domestic violence or (2) a pattern of behavior resulting in emotional/psychological abuse, economic control, and/or interference with personal liberty when such violence or abuse is directed towards a person of the opposite sex who is: (a) A current or former spouse; (b) A person with whom the abuser shares a child in common; or (c) A current or former intimate partner whom the abuser shares or has shared a common domicile.

**Domestic Violence:** An offense under the United States Code, the Uniform Code of Military Justice, or the State law that involves the use, attempted use, or threatened use of force or violence against a person of the opposite sex, or the violation of a lawful order issued for the protection of a person of the opposite sex, who is (a) A current or former spouse; (b) A person with whom the abuser shares a child in common; or (C) A current or former intimate partner with whom the abuser shares or has shared a common domicile.

### **Definitions of Posttraumatic Stress Disorder and Traumatic Brain Injury (TBI):**

The U.S. Department of Veterans Affairs and its National Center for Posttraumatic Stress Disorder provides the following information for service members, veterans, family members and the public at their site of <http://www.ncptsd.va.gov>.

**Posttraumatic Stress Disorder** is an anxiety disorder that can occur after you have been through a traumatic event. A traumatic event is something horrible and frightening that you see or that happens to you. During the time of event, you think that your life or others’ lives are in danger. You may feel afraid or feel that you have

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<sup>3</sup> See the DTM or Directive Type Memo at the National Center’s website address of: <http://www.ncdsv.org/images/RestrictedReportingPolicyIncidentDA.pdf>

no control over what is happening. Anyone who has gone through a life-threatening event can develop PTSD.

These events can include:

- Combat or military exposure
- Child sexual or physical abuse
- Terrorist attacks
- Sexual or physical assault
- Serious accidents, such as a car wreck,
- Natural disasters, such as a fire, tornado, hurricane, flood or earthquake.

It isn't clear why some people develop PTSD and others don't. How likely you are to get PTSD depends on many things and include:

- How intense the trauma was or how long it lasted
- If you lost someone you were close to or were hurt
- How close you were to the event
- How strong your reactions were
- How much you felt in control of events
- How much help and support you got after the event

From Military One Source, the website (<http://www.militaryonesource.com>) and 24/7 support line at 1-900-342-9647 for military and family members:

**Traumatic Brain Injury (TBI)** occurs if the head is hit or violently shaken (such as from a blast or explosion), a "concussion" or "closed head injury" can result. Concussion is seldom life threatening, so doctors often use the term mild when the person is only dazed or confused or loses consciousness for a short time. However concussion can result in serious symptoms. People who survive multiple concussions may have more serious problems. People who have had a concussion may say that they are fine even though their behavior or personality has changed.

Common Symptoms of Brain Injury:

- Difficulty organizing daily tasks
- Blurred vision or the eyes tire easily
- Headaches or ringing in the ears
- Feeling sad, anxious or listless
- Easily irritated or angered
- Feeling tired all the time
- Feeling light-headed or dizzy
- Trouble with memory, attention or concentration
- More sensitive to sounds, lights or distractions

- Impaired decision-making or problem-solving
- Difficulty inhibiting behavior—impulsive
- Slowed thinking, moving, speaking or reading
- Easily confused, feeling easily overwhelmed
- Change in sexual interest or behavior

When we struggle in considering a case of domestic violence assault, it is important that no matter the reason behind the assault that the offender be held accountable and the victim supported and assisted to ensure her future safety. The accountability strategy considered in any particular case must take into account the *source* of the conduct and how to appropriately intervene. In other words, it will do no good to send an untreated brain injured former soldier to a battering intervention and prevention program without addressing the underlying cause. That a batterer somehow escapes consequences for his conduct by alleging brain injury or PTSD when those are not the underlying cause is a concern. We must be thoughtful and vigilant to ensure that the intervention fits the offense and the circumstances of the offense.

[http://www.ncdsv.org/publications\\_milculture\\_conference.html](http://www.ncdsv.org/publications_milculture_conference.html) provides references and materials particularly developed for family law attorneys representing victims seeking a protective order or perhaps dealing with a divorce. Filing a divorce for a military related victim, including pay garnishment and retirement is but one of many unique aspects that should be reviewed there to better prepare for such a proceeding. Other considerations include:

### **Expectations**

- It is an expectation of the military that service members will be held responsible for the behavior of their spouses and children. This cultural norm could be used as a rationale to exercise abusive power and control tactics with family members.

*Partner Violence: A 20-Year Literature Review and Synthesis. Partner Violence in the Military, Carolyn West*

### **Dependence**

- Economic dependence is increased due to the relative job security of the military, despite downsizing.
- The availability of services provided by the military (*housing assistance, day care, health care, formal support services*) is highly valued benefits for many young families.

### **Tempo**

- Frequent family separation and reunification requires assumption of new roles for the partner left at home, usually the wife.
- Upon reunification there may be issues related to this role reversal.
- Long separations can foster distrust between the couple, and uncertainty about their future.
- The constant reassignment of service member families from place to place, often with unfamiliar cultures and values, isolates many victims from familiar support systems.

### **Fit for service**

- For certain service members, being convicted of a domestic violence offense in either a civilian or military court means s/he will (or should) be discharged, reassigned or otherwise separated from the service.

- Fear of career consequences is the primary deterrent to reporting domestic violence.
- While few service members are actually discharged due to domestic violence, the numbers who face other adverse career consequences (e.g., loss of assignment or promotion) is unknown.

### **Nature of the Power and Control Tactics in the Military**

Power and control tactics in domestic violence are becoming better understood through the education and outreach efforts of many at the national, state and local levels. The Power and Control Wheel, initially developed by the Domestic Abuse Intervention Project in Duluth, has been used as a framework by many to further educate around specific issues. There are many wheels available to use in public and professional education efforts at: [http://www.ncdsv.org/publications\\_wheel.html](http://www.ncdsv.org/publications_wheel.html).

The wheel is even becoming main stream. It appears outside the interview room on the USA television show *The Closer*. Look closely, you'll see it!

The Military Power and Control Wheel takes into account some of the unique aspects of living in the military culture and again, how a batterer can use various policies against a victim. Please review it closely and note some of its distinct features: <http://www.ncdsv.org/images/MilitarycontrolwheelNOSHADING.pdf>

The easiest way to make distinctions about the assaultive conduct of an offender and whether military or trauma related PTSD or TBI is a consideration is to:

1. **Determine if the conduct is new.** If the pattern of behavior is brand new, never occurred before the injury or the exposure to combat or other traumatic event, then possibly it is not classic domestic violence, but behavior that won't be changed without treating an underlying condition. However, just because it never happened before, it may still be domestic violence....determining the attitudes and beliefs of the offender can lead to a different conclusion even when new behavior. One case where the violence was determined to be power and control behavior concerned a young man who had built up in his mind during his deployment that his wife was unfaithful to him. This is a major topic of discussion among young soldiers. The movie *Jarhead* depicts this phenomenon.
2. **Determine if there have been any other incidents where violence was used.** A person suffering from PTSD or brain injury is not discriminating on whom the violence is directed and won't be able to decide only to use violence when at home or with family members. He or she will most likely have other instances of violent conduct directed at those outside of the family. One of the cases at Fort Campbell involved a soldier who had assaulted members of his family, but then also assaulted a gas station attendant when he saw the cost of filling his tank. After interviewing all family members, neighbors and co-workers it was possible to feel confident that there had been no history of violent conduct prior to deployment and that his use of violence was not instrumental in attempting to have power over others, but was a result of his injuries.

3. **Consider what other factors are present that require specific attention.** Whether the individual is a batterer or suffering the effects of brain injury or PTSD, he may also be using alcohol or drugs. He may require treatment for drug or alcohol addiction as part of any intervention strategy.
4. **Look for avoidance behaviors.** Those suffering from PTSD will try to avoid situations or experiences that pull them back in reliving the original trauma. If something reminds the sufferer of the original event, then those vulnerable feelings associated with the original trauma can return.
5. **Determine if the behavior is becoming more pronounced.** Those who seek to achieve and maintain power and control over others escalate the behavior when challenged. The progression of the use of tactics is predictable and linear for most batterers. See *Manifestations of Violence*.

# MANIFESTATIONS OF VIOLENCE

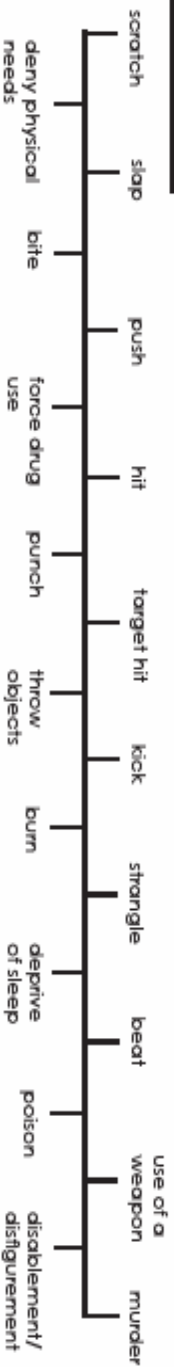
Abuse can occur in different forms. It can be physical, emotional, sexual, spiritual, social and/or economic. The diagrams below describe some of the abuse tactics batterers use as they attempt to gain or maintain power and control over their intimate partners. Abuse does not always progress in the steps shown here. Sometimes the abuse may advance from pushing or hitting directly to more severe physical violence such as the use of a weapon. Although each relationship is unique, any type of abuse must be considered a serious cause for concern. Despite different circumstances, it is important to remember that abuse can escalate (especially if there is no intervention). A coordinated community response holding batterers accountable for their abusive behaviors is essential, as is a response acknowledging and respecting the rights of victims of domestic violence.

**Exercise:** It is helpful to be aware of the different manifestations of domestic violence. Circle the type(s) of abuse you are now experiencing (or that you have experienced). Notice if the violence is increasing in intensity, severity or frequency. Talk to a domestic violence advocate to develop or review your current safety plan or explore your options. Remember, domestic violence is never your fault, even if you were drinking or using drugs.

## EMOTIONAL ABUSE



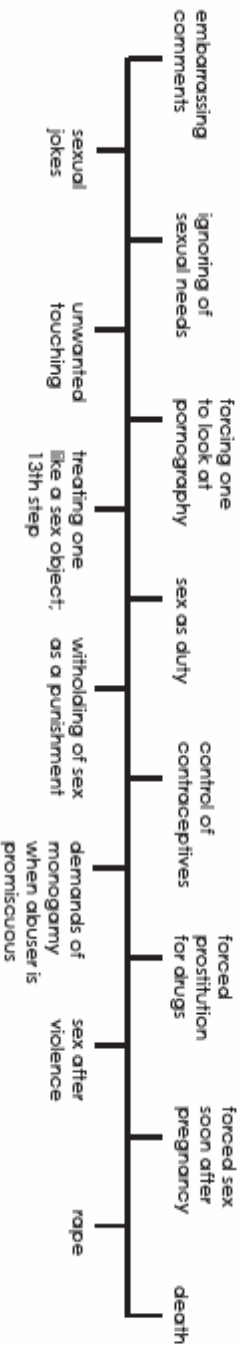
## PHYSICAL ABUSE



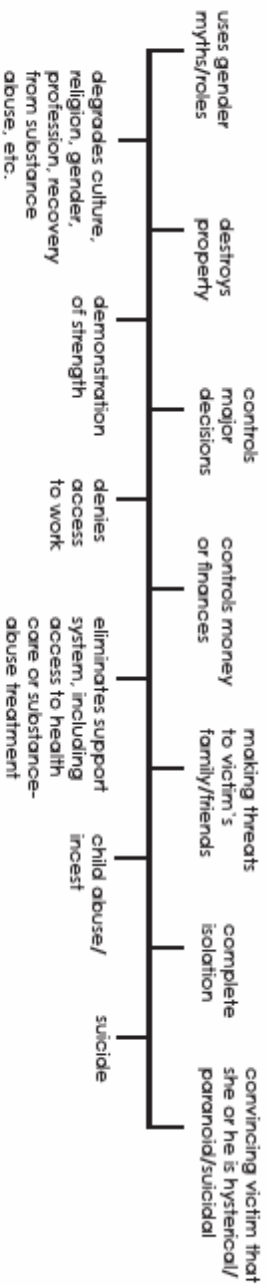
continued ...

Manifestations of Violence, continued

**SEXUAL ABUSE**



**SOCIAL/ENVIRONMENTAL ABUSE**



Credit: Perry Bush, New Behavioral and Biometric Studies and the Children, Santa, WA, awarded at the National Commission on Children's Identification Service for Women Reported to Medical Clinicians or Domestic Violence, Santa, Alaska, Alaska Health Care and Services Administration, Health of the National, Translated Center on Domestic and Sexual Violence, Alaska, Texas, Services 10-12, 2001.

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When we return with Part Two of this article our focus will be on describing the resources for intervention with offenders and support for victims available through the military and civilian resources. Meanwhile, if there is an immediate need for consultation, contact the Michigan Coalition Against Domestic and Sexual Violence at (517) 347-7000 or on line at [www.mcadv.org](http://www.mcadv.org). In an emergency refer to the National Domestic Violence Hotline at 1 (800) 799-SAFE (7233).