The Center for Research and Outreach

Putting Research to Work for Military Families



PTSD Symptoms and Family Versus Stranger Violence in Iraq and Afghanistan Veterans

Sullivan, C. P., Elbogen, E. B. (2014). PTSD symptoms and family versus stranger violence in Iraq and Afghanistan veterans. *Law and Human Behavior*, 38(1), 9-Jan. doi:10.1037/lhb0000035

SUMMARY: Several studies have demonstrated a link between posttraumatic stress disorder (PTSD) symptoms and aggressive, violent behavior among Veterans. Data from Iraq and Afghanistan Veterans were used to examine the association between specific PTSD symptoms and family and stranger violence. Results indicated that combat exposure, anger symptoms, substance use, and flashbacks were related to different types of violence (i.e., family versus stranger), and gender differences between violence types were found.

KEY FINDINGS:

- Overall baseline rates of aggression were relatively low with only 13% and 9% of Veterans reporting family-directed and stranger-directed aggression, respectively, during the one year of the study.
- High combat exposure was associated with approximately 2.5 greater odds of stranger aggression and severe stranger aggression. Although high combat exposure was not related to family aggression per se, it was associated with nearly four-fold odds of severe family violence.
- PTSD related anger was related to greater odds (1.3) for both family aggression and severe family aggression, and PTSD flashbacks were related to greater odds for stranger aggression (1.16) and severe stranger aggression (1.26).
- Substance misuse was associated with 2.5 and 2.93 greater odds of stranger aggression and severe aggression, respectively; substance misuse was not associated with family aggression.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Provide education for Veterans who have high combat exposure that explicitly conveys strategies that can be used to minimize aggression to families (e.g., conflict disengagement strategies)
- Offer workshops to Service members and their families regarding substance use and PTSD symptoms aggressive behaviors
- Distribute information regarding resources and services available to military families coping with mental health issues, substance abuse, or aggressive behaviors

IMPLICATIONS FOR POLICIES:

Policies could:

- Recommend a systematic review of services and treatments for Service members and Veterans who engage in stranger and family violence
- Encourage programs that serve Service members and Veterans with PTSD and substance abuse issues to make systematic, routine assessment for stranger and family violence a required component of their screening procedures
- Recommend professional education to service providers working with military families regarding the influence of substance use and PTSD on aggressive behaviors

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METHODS

- This study utilized a two-group pre/post-test with a non-matched comparison group design.
- Data were collected using web-based surveys or paper surveys mailed to participant.
- Participants were sampled from the VA Environmental Epidemiological Service in May of 2009; all were U.S. separated Veterans who served on or after September 11, 2001.

PARTICIPANTS

- One thousand and ninety Veterans who served on or after September 11, 2001.
- Eighty-five percent of participants were male, and the average age was 34.4 years.
- Race/ethnicity and Service branch of participants was not provided.

LIMITATIONS

- Participants were self-selected and may not represent the larger sample.
- Traumatic brain injury was not examined in this study and may be related to aggressive behavior.
- The use of self-report data means that results may be biased.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Examine the association between PTSD symptoms and specific forms of aggressive behavior
- Explore whether the aggression outcomes are the result of PTSD or caused by something else (e.g., combat exposure, personality characteristics)
- Explore the influence of PTSD on rates of child maltreatment among Service members

ASSESSING RESEARCH THAT WORKS







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