Slide 1: Title

The multiple pathways between trauma, PTSD, and interpersonal violence

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Slide 2: Lecture overview

- Family violence as chronic trauma
- PTSD as a consequence of family violence: The effects on female survivors
- PTSD as a risk factor for family violence:
- Discussion & future studies

Use of violence------------PTSD-------------Effects of violence

Slide 3: Family violence as a traumatic event

- The individual is exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence (DSM-V, 2013).
- Intimate relations: Aggressive acts and provision of support co-exist
- Chronic and repeated events
- Perceived as unexpected and uncontrollable exposure

Slide 4: PTSD as a consequence of family violence

PTSD is the most common mental health disorder among women who experience partner violence (Golding, 1999). Between 31% and 84% of women who have experienced partner violence suffer from PTSD (Golding, 1999; Jones, et al., 2001).

PTSD is characterized by four clusters of symptoms:
1. Re-Experiencing; 2. Avoidance; 3. Arousal; and 4. Persistent negative alterations in cognition and mood

Slide 5: PTSD: Intrusion Symptoms

The traumatic event is persistently re-experienced in the following way(s):
- Recurrent, involuntary, and intrusive memories
- Traumatic nightmares
- Dissociative reactions (e.g., flashbacks)
- Intense or prolonged distress after exposure to traumatic reminders
- Marked physiologic reactivity after exposure to trauma-related stimuli

Slide 6 PTSD: Avoidance

Persistent active avoidance of distressing trauma-related stimuli after the event:
- Trauma-related thoughts or feelings
- Trauma-related external reminders (e.g., people, places, conversations, activities, objects, or situations)

Slide 7 PTSD: Negative Alterations in Cognitions and Mood

1. Inability to recall key features of the traumatic incident
2. Negative beliefs and expectations about oneself or the world (e.g., "I am bad," "The world is completely dangerous")
3. Blame of self or others for causing the traumatic event or for resulting consequences
4. Persistent negative trauma-related emotions (e.g., fear, horror, anger, guilt, or shame)
5. Markedly diminished interest in (pre-traumatic) significant activities
6. Feeling alienated from others
7. Constricted affect: persistent inability to experience positive emotions

Slide 8 PTSD: Alterations in Arousal and Reactivity

Trauma-related alterations in arousal and reactivity:
1. Irritable or aggressive behavior
2. Self-destructive or reckless behavior
3. Hyper-vigilance
4. Exaggerated startle response
5. Problems in concentration
6. Sleep disturbances

Slide 9: Learning theory of traumatic stress

Prolonged exposure to multiple physical, psychological, and sexual violence stressors may reinforce helplessness (Basoglu & Salcioglu, 2011).

Loss of behavioral, cognitive, and emotional control confirms the uncontrollability of the stressor event and leads to **fear of possible future occurrences** of the event and a sense of helplessness and distress.

Anticipatory fear of recurrence of the trauma are strong predictors of PTSD in survivors of other traumatic events (war, torture, earthquake).

Among domestic violence survivors from shelters for women in Turkey, even **10 months** after they left the shelters, the strongest predictors of PTSD and depression were **fear due to a sense of ongoing threat to safety and sense of helplessness** in life (Salcioglu et al., 2017).

Slide 10: Study 1: Goals

1. To assess PTSD rates among Israeli battered women applying to shelters

2. To Predict of PTSD upon entrance to shelters.

Identifying risk and resilience factors:

- Violence severity
- Previous history of violence
- Country of origin: Veteran Israelis vs. Immigrants
- Personal resource: Sense of control
- Environmental resource: Social support

Slide 11: Method

- 505 women who completed questionnaires upon entrance to the shelters.
- The study was conducted in 12 out of 13 shelters in Israel. Data was collected between 9/2009 and 4/2014

- Age: M=32.65 SD=8.54 Range:18-73
- Schooling: M=11.21 SD=3.27
- 30% were veteran Jewish Israelis , 30% were veteran Arab Israelis
- 25% were immigrants from Russia (in comparison to 16% of the Israeli population)
- 15% were immigrants from Ethiopia (in comparison to 1.6% of the Israeli population) .
- 40% reported being exposed to violence between their parents
- 30% had been in a shelter before.
- Length of time living with the abusive partner M=7.66 SD=7.22 range: 2 months to 44 years.

Slide 12: Results

61% of the women were classified as suffering from PTSD upon entering the shelters

Slide 13: Results

(TABLE)

Slide 14: Significant Interaction: Social support and length of violence

(GRAPH)

- Prolonged years of domestic violence reduce the protective effect of social support on PTSD.

Slide 15: PTSD as chronic disorder

There is a decline in PTSD during stay in shelter. However, severity and rates are still high (Dekel et al., submitted for publication)

PTSD has multiple effects:
Greater risk for re-abuse (Krause et al., 2006).

Difficulties in accessing important community resources (Perez, et al., 2012).

Functional impairment such as employment dysfunction (Johnson et al., 2008).

For many IPV survivors, the abuse or fear of future abuse is ongoing, regardless of their relationship status (Campbell, et al., 2008; Fleury, Sullivan, & Bybee, 2000).

Slide 16 : PTSD intervention for IPV survivors

Trauma-focused interventions designed to help individuals overcome fear, reduce helplessness, and restore a sense of control over one's life would be effective in PTSD and depression in domestic violence survivors.

A number of the studies demonstrated that women's PTSD and/or depression symptoms improved if they completed treatment (e.g., Crespo & Arinero, 2010; Johnson, et al., 2011; Kaslow, et al., 2010).

Improvements were often maintained over time (Crespo & Arinero, 2010; Johnson, et al., 2011; Kaslow, et al., 2010).

It is also important to remember that for women who are currently experiencing IPV, what may look like psychiatric symptoms may in fact be an appropriate response to ongoing danger (Goodkind et al., 2004).

Slide 17: Gender

Most IPV studies on survivors have been conducted on women.
Women are more likely to fear death or serious injury during incidents of IPV, and are more likely to meet the criteria for PTSD, compared with male victims of IPV (Dansky et al., 1999).

Limited evidence suggests that male victims of IPV are subjected to life-threatening violence and at risk of developing PTSD (Hines et al., 2007). However, the scarcity of data on male victims means that it is difficult to establish accurate estimates of the degree of PTSD experienced by male victims.

Moreover, cultural and societal factors may influence male reporting of psychological symptoms; self-report measures may, therefore, not accurately capture the prevalence rates of PTSD in men (Hamby, 2005).

Slide 18: The association between PTSD and perpetrating IPV

Male veterans with more PTSD symptoms report on higher levels of anger, hostility, aggressiveness, and IPV perpetration than do veterans without PTSD (Jordan et al., 1992,).

PTSD severity is associated with IPV severity (Taft, et al., 2011).

The association between PTSD and IPV perpetration has also been found **among civilians in clinical samples (**Rosenbaum & Leisring, 2009**) and non-clinical samples** (Jakupcak & Tull, 2009).

Hyper arousal symptoms had the strongest positive relationship with aggressive behavior in comparison with the other symptom clusters.

Hyper arousal symptoms have been both directly related to aggression and indirectly associated with aggression via alcohol abuse (Taft et al. 2011).

Slide 19: Theoretical model (Chemtob et al., 1997)

Trauma-exposed individuals who exhibit PTSD symptoms may be prone to living in "survival mode."

This "survival mode" may have been an adaptive way of functioning during the traumatic event and may subsequently be triggered by trauma-related reminders.

During this activation, anger structures are stimulated, resulting in increased hostile appraisals and heightened arousal that may challenge a cognitive reappraisal of threat and/or a consideration of alternative ways of responding.

Slide 20: Explaining the relationship between PTSD and male-perpetrated IPV.

PTSD --------→ Hyper vigilant to ambiguous cues -------→ Misperception partners' behaviors as threatening ---------→ Anger and arousal -------→ Difficulties to make decision making --------→Strengthening impulses to act aggressively

Men who use IPV have deficits in social information processing (Taft et al., 2016)

1. **Decoding skills**: Reception, perception and interpretation of information.
2. **Decision skills**: Response search, test and select
3. **Enactment skills**: Execution and self monitoring

Slide 21: Empirical support for the social information processing model

Men who had used IPV attributed more negative intentions to relationship partners in hypothetical conflict scenario:
Were more angered by a range of partner behaviors,
generated and selected more aggressive and less socially competent responses to challenging relationship events,
and had more favorable expectations regarding the potential effects of aggressive responses to relationship conflicts (Marshall & Holtzworth-Munroe ,2010; Taft et al., 2008)

Social skills deficits significantly mediated the relationship between veterans' PTSD symptoms and the use of psychological (but not physical) IPV in a laboratory task (LaMotte et al.,(2017).

Slide 22: Anger and its role

The fear avoidance theory suggests that individuals with PTSD are trying **to avoid trauma-related feelings of fear**, which are activated by posttraumatic intrusions,
and that trauma-related anger serves as a substitute (Feeny et al., 2000; Foa et al., 1995).

PTSD was not associated with violence in the absence of anger. Violence was intensified when PTSD and anger were conjoined (Novaco, & Chemtob, 2015).

Analyzing data representative of the United States population (N=33,215) demonstrated that although PTSD is associated with an increased risk of use of violent behavior, **anger following trauma and self-medication with alcohol**) are additional and more important factors to consider (Blakey et al., 2018).

Part 3.

Slide 23: Exposure to trauma, PTSD among men who use IPV

Males who perpetrate IPV have experienced traumatic events at a higher rate of frequency than have other men in the community (Delsol & Margolin, 2004; Holy & Warzy, 2012; Maguire et al., 2015; Taft, 2016)

Especially prolonged traumatic events in childhood:

- Exposure to violence between parents: 20%-54%
- Exposure to direct violence in childhood: 22%-76% (Delsol & Margolin, 2004)

77% of male IPV perpetrators at a community-based agency reported past trauma exposure, 62% reported multiple trauma exposures (Semiatin et al., 2017).

Slide 24: PTSD might be the connection

- IPV perpetrators experience posttraumatic stress disorder (PTSD) at a rate that is three times higher than a community sample (Datton, 1995; Emily at al., 2015; Taft, 2016)

- PTSD rates among the population of male IPV perpetrators are: 18.4%-26.2% (Jakupeak & Tull, 2005)

- It was found that PTSD mediates the relationship between childhood violence and neglect among male perpetrators of IPV (Taft, 2008; Emily et al., 2015)

Slide 25: Study

Design: Cross-sectional study of men who perpetrate IPV and who seek help in domestic violence centers

Random sampling: Drawn from 2,600 Jewish men receiving treatment at 66 clinical centers for domestic violence in Israel

Sample size: N = 223 (Response Rate 70%)

Type of help seeking: 88% seek help after any legal or social service intervention

Time in therapy: From 2 weeks to 3 years in the intervention

Age: M = 42.11, SD = 9.13

Education: M = 12.3, SD = 2.57

Marital Status: Single (6.3%), in relationship (56.1%), separated (37.4%)

Slide 26: Findings

TABLE

PTSD rates: 14.3%

Slide 27: SEM model

TABLE

Slide 28: Women with PTSD and the use of violence

A meta-analysis showed that PTSD was more likely to be associated with use of IPV by men than by women (Taft, Watkins, et al., 2011).

However, the researchers did not have a large enough sample to directly compare women veterans with women civilians regarding the associations that were of interest.

Men are more likely to exhibit aggression outwardly when they experience trauma and PTSD, whereas women are more likely to develop internalizing problems, such as depression.

More research on women's violence – will make gender comparisons more conclusive.

Slide 29: Intervention

PTSD was found to be a predictor of lower treatment engagement and higher recidivism, in terms of general violence, among men who participated in intervention (**Miles-McLean et al., 2018**).

Slide 30: Summary

The trauma lens is important. More integration is needed in viewing PTSD both as a risk factor for using IPV, and as a negative consequence of it as a survivor.

We know more on PTSD as a consequence of IPV among female survivors of IPV

We know more on PTSD as risk factor among male who use IPV

We also must remember that there are additional issues of importance such as safety, confidentiality, parenting, custody, legal issues, and economic independence.

To gain a better understanding of these issues, we need to move to more comprehensive models: Who might be at risk, under what circumstances, and how multiple risk factors operate together.