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PTSD and Intimate Partner Violence

Each day that passes in which a veteran does not receive the proper care for PTSD increases the chance that they will experience intimate partner violence. The following research will show the connection between PTSD and intimate partner violence as well as the importance of the various treatment options available. The National Health Study for a New Generation of U.S. Veterans examined 60,000 Veterans and found that 13.5% of the participants came back positive when screened for post-traumatic stress disorder or more commonly known as PTSD (Dursa). This is a very significant number of veterans who are affected by mental and physical symptoms and not given the proper care or treatment. Often, this will lead to issues outside of the body and mind of the veteran and will begin to affect those around them. There are many symptoms of this disorder that may affect a veteran physically that cannot be ignored by the public. One of the physical side effects of suffering from PTSD is an increase in hyperarousal which may lead to aggression. This aggression can lead to an increase in violence within the household of a veteran towards their spouse and from their spouse towards them. The following research aims to show that veterans who suffer from PTSD, a physical disorder, experience physical symptoms such as increased aggression, which results in intimate partner violence.

In order to fully understand the effects that PTSD has on veterans and the resulting effects it has on their families, it is important to understand what exactly PTSD is. According to

the United States Department of Veteran Affairs, PTSD is “a mental health problem that some people develop after experiencing or witnessing a life-threatening event, like combat, a natural disaster, a car accident, or sexual assault” (PTSD: National Center for PTSD). While the Department of Veteran Affairs states that it is a mental health problem, it can be argued that it is just as much a physical health problem as a mental health problem, and it affects much more than solely the veteran. A study with a similar viewpoint to that of the United States Department of Veteran Affairs, by Sullivan et al., discusses the outcome of their study on the association of PTSD symptoms and child and relationship functioning. They state in their discussion that “PTSD symptoms were a stronger predictor of both child and relationship functioning compared to physical health symptoms” (Sullivan). While they could mean PTSD symptoms as only mental ones, they are inferring that PTSD is not a physical disorder. They are furthering their inference that there is no connection between the physical symptoms and the PTSD symptoms because they state, “PTSD symptoms and physical symptoms were both independently related to our outcomes” (Sullivan). They fail to realize in their study that the physical symptoms are PTSD symptoms. The physical symptoms are often caused by the mental ones, but the physical ones can also have mental side effects. One of the goals of this research is to prove that PTSD is not only a mental disorder but a physical disorder because of the physical symptoms associated with the disorder and the physical outcomes that it may lead to.

Physical Symptoms: PTSD symptoms are physical too, not only mental like the VA states

The physical symptoms are interconnected with the mental symptoms because physical symptoms cause mental reactions and mental symptoms cause physical reactions. This illness itself cannot be classified as solely a mental disorder if it has physical symptoms as well that are just as damaging to the person suffering from the disorder as it is to those around them. The

physical symptom of PTSD, hyperarousal, for example, has an impact on physical health functioning according to the study done by Anu Asnani et al. Hyperarousal is the activation of the body's sympathetic nervous system or the fight or flight reflex that all humans have. This occurs when a person suffering from PTSD is somehow reminded of their traumatic experiences by physical stimuli. A physical stimulus could be a smell, taste, sound, picture, person, or object that triggers the activation of the sympathetic nervous system. Activation of the sympathetic nervous system changes the body's primary focus from normal functions, to only what is necessary for immediate survival. This may include the body stopping digestion, increasing heart rate, and releasing adrenaline from the adrenal gland. Since the activation of the sympathetic nervous system is a direct result of a stimulus seen as threatening, a veteran who is suffering from PTSD may experience this more often than those who do not suffer from PTSD. Hyperarousal itself entails many side effects such as decreased sleep, increased levels of stress, increased aggression, and being easily frightened or on guard. This physical symptom leads to a decrease in mental health as shown by the study by Asnanni. The study resulted in hyperarousal being "associated with feelings of lower energy/vitality and poorer perceptions of emotional health in veterans" (Asnanni).

The same study also examined the mental symptom of PTSD, re-experiencing, and was able to find correlations between physical health functioning and bodily pain. Re-experiencing can be experienced in one of two ways, as a flashback, or as a thought or memory. A flashback is when you are reliving past events in your current state of mind and block out the real world around you this is most commonly associated with dissociation, a disconnection with reality. This symptom of re-experiencing is almost always caused by physical stimuli similar to hyperarousal. When a veteran suffering from PTSD is reminded of the trauma, they previously

experienced, whether it is a smell, taste, sound, sight, or feel, they may experience a flashback or simply just a memory of the traumatic experience. While this is all mental, it is caused by a physical stimulus and when experiencing a flashback, they leave the conscious state and envision the traumatic event instead of the world around them. Not only does the physical stimuli and physical symptom of a flashback prove that PTSD is a physical disorder, but the study that was done by Asnanni also proves that re-experiencing has resulted in poorer physical health functioning as well as occurring more when the body feels pain. This study results in the conclusion that PTSD is not only a mental disorder with mental symptoms but a physical disorder with physical symptoms as well.

Another study, done by Timothy Smith et al. examines the physical symptoms of veterans suffering from PTSD and the long-term effects of those physical symptoms. The study examines how PTSD affects the cardiovascular health of veterans. As previously mentioned, PTSD has a great effect on the sympathetic nervous system through the symptom of hyperarousal; this includes an elevated heart rate and increased blood flow throughout the body to prepare for a fight or a flight. Based on the research done by Smith, the increase in heart rate leads to the long-term effect of an increased chance of developing cardiovascular disease (CVD). This once again proves that PTSD is a physical disorder with physical symptoms and long-term physical side effects.

PTSD affects more than just the veteran who has been diagnosed with it, but their family as well. One of the most common side effects that the people around the veteran experience is increased aggression. In a study done by Elbogen et al., the tendency of aggression and violence is examined in veterans who suffer from PTSD and in veterans who do not suffer from PTSD. The study showed that veterans who suffer from PTSD show signs of physical aggression far

more than those who do not suffer from PTSD at a rate of 48% to 21%. The study also shows that they show signs of severe violence at a rate of 20% compared to 6% for those who do not suffer from it. This study aims to examine how veterans with PTSD are more aggressive and violent because of the fact they are suffering from PTSD. This is confirmed by the two comparisons between those who suffer from PTSD and those who do not. More than twice as many veterans show signs of increased physical aggression than those who do not suffer from PTSD and more than three times as many show signs of severe violence than those who do not suffer from PTSD.

Aggression can be displayed because of the physical symptoms discussed earlier, hyperarousal. When a veteran experiences hyperarousal, their sympathetic nervous system kicks in. This is a direct result of the veteran recalling their traumatic event mentally and reacting to it physically. The body prepares for fight or flight and becomes more aggressive by nature in case it needs to act quickly in an effort to survive. The veterans who suffer from PTSD are more likely to experience aggression because of this fight or flight reaction from the sympathetic nervous system that occurs from hyperarousal. This is proven by the statistics in this study, and it is a very large difference between the physical aggression displayed by those with and without PTSD as the veterans with it showed 48% while the veterans without it only showed 21%. Aggression has to be considered a physical symptom of PTSD due to the common occurrence that it has in veterans who have been screened for PTSD and showed symptoms. Almost half of those examined in this study showed signs of increased physical aggression. This physical symptom of aggression will help me to examine the connection between violence in the relationship of those suffering from PTSD and the physical symptom itself.

Intimate Partner Violence: PTSD has social implications in Intimate Partner Violence

The study by Teten et al. aims to research the connection between veterans who suffer from PTSD and intimate partner aggression. They discovered a positive relationship between the two aspects as well as evidence of aggression towards the veteran themselves. The study found that not only was their increased aggression from the veteran suffering from PTSD towards their intimate partner than compared to veterans who are not suffering from PTSD, but the study also discovered that a veteran suffering from PTSD is six times more likely to report sustaining an injury from their partner within the past year as those veterans who do not suffer from PTSD (Teten). This study has concluded in the realization that not only does PTSD affect veterans and increase aggression which leads to intimate partner aggression and later violence, but also affects the spouse of the veterans and increased their chances of participating in intimate partner aggression and violence. This shows that PTSD has physical symptoms not only for the victim themselves but for those who are around them all the time. This shows that spousal violence has a positive correlation with aggression caused by PTSD.

When examining the study by Smith et al. again, it is clear that the aggression in veterans with PTSD affects them physically and affects their relationships as well. We already discussed how PTSD results in a higher heart rate due to hyperarousal and the activation of the sympathetic nervous system, and how it can lead to an increased chance of developing cardiovascular disease (CVD), but we did not analyze how that affects the relationship between when a couple is arguing. This study resulted in a greater sympathetic nervous system activation during a marital conflict in those veterans with PTSD than compared to other couples without PTSD. The sympathetic nervous system activation was measured through the relationship between systolic blood pressure and the cardiac pre-ejection period. The results of the veterans with PTSD and

their spouses resulted in a higher increase in systolic blood pressure and a higher decrease in cardiac pre-ejection period than the couples without PTSD. This study also shows “novel evidence that spouses of veterans with PTSD also show heightened stress responses, suggesting that this underserved population may be at risk for physical health problems, as well as their previously documented mental health concerns” (Smith). This quote explains that it is not only the veterans who are suffering from the symptoms of PTSD but the spouse as well. We have already concluded that a greater sympathetic nervous system activation leads to aggression and that aggression correlates with intimate partner violence as 48% of veterans with PTSD experienced physical aggression towards their spouse (Elbogen) and veterans with PTSD are 6 times more likely to experience aggression from their spouse than those without PTSD (Teten). This proves that suffering from PTSD as a veteran increases the chances of experiencing aggression and intimate partner violence but also that PTSD affects the veteran physically and the other people around them.

PTSD is Nothing New: Research shows symptoms of PTSD affecting spousal relationships 3 decades ago

The physical aggression that comes with PTSD is nothing new, it has been occurring long before research began and has been brought into the spotlight as a mental and physical disorder. A study done in 1988 by Matsakis resulted in 25% of wives of Vietnam veterans experiencing physical abuse (Nelson). This is most likely due to increased aggression due to the veteran suffering from PTSD. Although the study did not examine what percentage of those veterans were suffering from PTSD, it is clear that from recent research and findings that most of those veterans had symptoms. It is very important to understand that the symptoms of PTSD have caused aggression for a very long time. Society has only just broken the surface of the impact

that PTSD has on veterans and this study is a clear representation of that. Matsakis was unaware of the disorder known as PTSD, he only examined the side effects of it, aggression. We now know that the aggression is due to PTSD and that it can be minimized with treatment.

If 48% of veterans with PTSD experienced physical aggression towards their significant other and 21% of veterans without PTSD experienced the same in the study by Elbogen in 2014, it can be assumed that the study in 1988 consisted of many veterans who are not suffering from PTSD. There are some limitations in the study as there is no way to tell if the Vietnam veterans from that study suffered from PTSD and what percentage of them did or not. However, this does not disprove the point that PTSD leads to an increase in intimate partner violence because 25% of the women experienced physical abuse and Vietnam veterans show a similar percentage of those with PTSD as veterans of the wars in Iraq and Afghanistan. According to the National Vietnam Veterans Readjustment Study in the late 1980s, 15% of the veterans in the Vietnam war suffer from PTSD. It is now estimated by the United States Department of Veteran Affairs that around 30% of Vietnam veterans suffer from PTSD (How Common Is PTSD in Veterans?). This shows that at the time, there was a relatively close percentage of veterans with PTSD as there are today (13.5%). These statistics show that PTSD has always affected the lives of veterans and caused physical symptoms such as aggression and intimate partner violence but did not get the attention that it deserved until recent decades.

PTSD has proven to cause more than just an increase in aggression and intimate partner violence, it has also proven to diminish marital satisfaction, which may also correlate with an increase in intimate partner violence. The book *Fields of Combat: Understanding PTSD among Veterans of Iraq and Afghanistan* reads “spouses of veterans with PTSD have more emotional distress, more somatic and sleeping problems, less social support, and less marital satisfaction

than do the partners of veterans without PTSD” (Finley 70). A lower marital satisfaction level may lead to depression, divorce, or even aggression itself. This once again shows that the physical symptoms of coping with PTSD affect not only the ones who experienced the traumatic event but those who care for them. The diminished mental state of the spouses may contribute to the statistic that veterans with PTSD are six times more likely to report an injury sustained from their spouse than a veteran without PTSD. It is clear that the effects of PTSD take a toll on both parties in a relationship and can lead to an increase in aggression and intimate partner violence because of the decrease in emotional and mental health.

Treatment: How can we help eliminate physical symptoms and intimate partner violence?

The big question surrounding PTSD is: what is the treatment? There is a broad range of treatments available for PTSD, especially for veterans through the United States Department of Veteran Affairs. They offer testing that scans for PTSD, medicine that treats PTSD, psychotherapy sessions, family therapy sessions, group therapy with other veterans, as well as inpatient and outpatient programs (PTSD Treatment). While there are all of these types of treatment available, not all of them are as effective for every veteran suffering from PTSD. More importantly, most veterans are not very knowledgeable on the treatment of PTSD. A study done by Sarah Williston and Dawne Vogt resulted in veterans being highly knowledgeable about the symptoms, diagnosis, risk factors, and etiology of PTSD, but little to no knowledge about the effective ways to treat PTSD (Williston). If veterans are unaware of the various treatments for PTSD and what will be most effective for them, they will likely have trouble seeking help for themselves or others, and they will likely not see a positive treatment result meaning their symptoms will not diminish or subside. It is very important to educate not only veterans on the importance of treatment and types of treatment but their family members as well. Getting

treatment is very important as it is a way to minimize physical symptoms such as aggression, which may lead to intimate partner violence.

One of the worst statistics that I have discovered through my research is that an average of 20 veterans commit suicide per day according to a 2014 report by the Office of Public and Intergovernmental Affairs within the Department of Veteran Affairs (Suicide Among Veterans), Between 45 and 80 per 100,000 veterans who are suffering from PTSD have committed suicide between 2001 and 2014 (Suicide Among Veterans). This can be reduced if they receive the proper treatment and support system around them. A study in 2013 by Gradus et al. showed that not only was there a decrease in suicidal ideation during the treatment of PTSD but that the decrease of suicidal ideation was associated with the decrease in symptoms due to the treatment (Gradus et al.). The physical symptoms of PTSD such as aggression and hyperarousal may contribute to the high suicide rate among veterans who suffer from PTSD. If veterans are educated about the treatment of PTSD as well as they are about PTSD itself, there is hope that the suicide rate will decrease as well as the physical symptoms that lead to intimate partner violence.

Further Research: What is next?

Further research should aim to uncover whether or not the increased aggression between a veteran suffering from PTSD and their spouse, due to PTSD, has any correlation with an increase in domestic abuse, domestic assault charges, or incarcerations. Since the study by Elbogen showed there was a 20% that veterans with PTSD experienced “severe violence”, it would be interesting to see if there is an increase in the number of domestic incidents or incarcerations due to this increased aggression and a higher chance of experiencing “severe violence”.

Further research could also focus on the divorce rate of veterans suffering from PTSD and veterans who are not. Based on the statistics regarding the violence and the research regarding unsatisfactory marriages, it would be very interesting to examine the relationship between PTSD in veterans and divorce compared to veterans without PTSD and the general population as well. It would also be interesting to examine if there is an increase in marital conflicts due to the veteran having PTSD. The study previously mentioned, by Smith et al., discusses the impact that PTSD has on marital conflicts and cardiovascular health, but it does not test whether or not PTSD increases the number, frequency, or length of these marital conflicts. I think that there may be a positive correlation at least between the number of conflicts and having PTSD due to the increased aggression and irritability from both the veteran and the spouse that I have examined thus far. This would be an interesting statistic to learn as it may help with research on the divorce rate or the number of domestic charges and incarcerations. These points of future research are all potential outcomes of the increased aggression that PTSD brings with it as a physical symptom. If veterans, their families, and the general public are better educated on not only the symptoms and effects of PTSD but the treatment methods of PTSD as well, these issues may not be as prevalent as they may end up being. These topics of further research could also help to better understand PTSD and create new ways to detect it and treat it. The disorder itself is still not completely researched yet and future research may help us to better understand the brain and how PTSD affects it.

Conclusion:

Research shows that not only is post-traumatic stress disorder a mental disorder with mental symptoms, but a physical disorder with physical symptoms as well. The mental symptom of re-experiencing is interconnected with physical health and the experience of bodily pain. The

symptom is also brought on by physical stimuli and the flashbacks occur in the physical world although it is happening mentally. The physical symptom of hyperarousal activates the sympathetic nervous system which kicks the body into fight or flight mode to ensure survival at that time. Someone in hyperarousal becomes tense, stressed, and aggressive. This physical symptom is also interconnected with mental symptoms as it results in lower energy/vitality and poorer perceptions of emotional health. The symptoms of PTSD are mental as well as physical meaning PTSD cannot solely be classified as a mental disorder.

The physical symptom of increased aggression, caused by hyperarousal and the activation of the sympathetic nervous system, has proven to increase intimate partner violence. Aggression is the biggest connection between the cause of intimate partner violence and PTSD. It has been researched regarding marital conflicts, physical health currently and in the future, and mental outlook on relationships. Aggression from PTSD has led to an increase in intimate partner violence not only from the veteran to their spouse but from their spouse to them as well. There is evidence that veterans with PTSD experience aggression and violence at a higher rate than veterans without PTSD. The physical symptom of aggression seems to transfer to the spouse due to the added stress of the other symptoms that the veteran experiences and the spouses have to cope with. Based on the evidence presented, it is very clear that PTSD leads to intimate partner violence because of increased aggression and is not only a mental disorder with mental symptoms but a physical disorder with physical symptoms.

Once it is more widely established that PTSD is not only a mental disorder, I believe that more veterans will seek treatment and the general population will take the disorder more seriously. Mental disorders have a certain stigma around them that can be difficult to break. If PTSD continues to be known as a mental disorder, the percentage of veterans seeking treatment

will not increase. It seems as if physical disorders are taken more seriously in society and even the medical field. This research may be the push people need to understand the magnitude of PTSD and the long-lasting effects that it has on the veteran and their spouse.

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