

OFFICER INVOLVED DOMESTIC VIOLENCE

UNKNOWN FACTS AND RESOURCES

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WHAT IS AN OFFICER

They fight what you fear

They Run into situations where others would run away

They deal with the worst, so you don't have to

They do this at a personal cost:

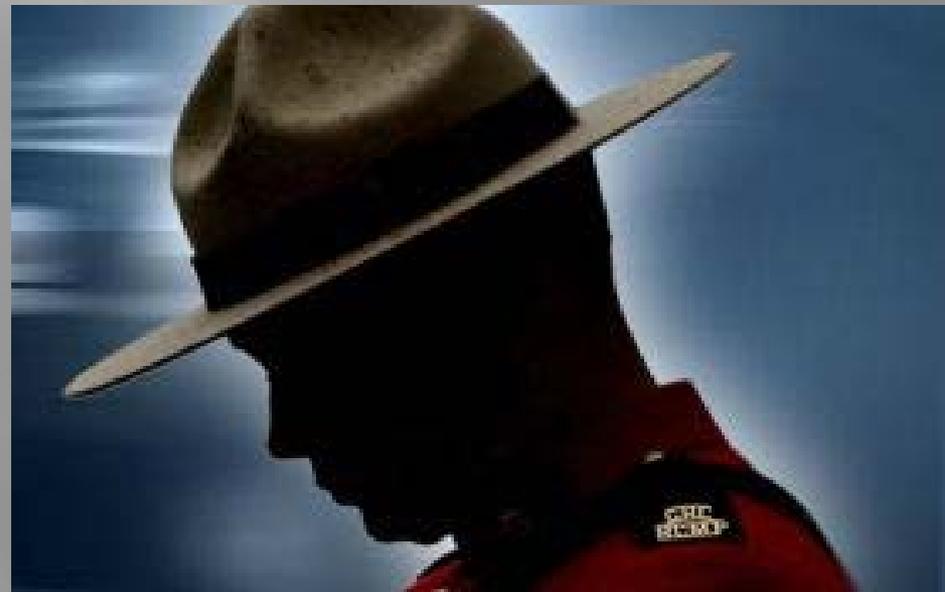
To themselves

Their families

Their friends

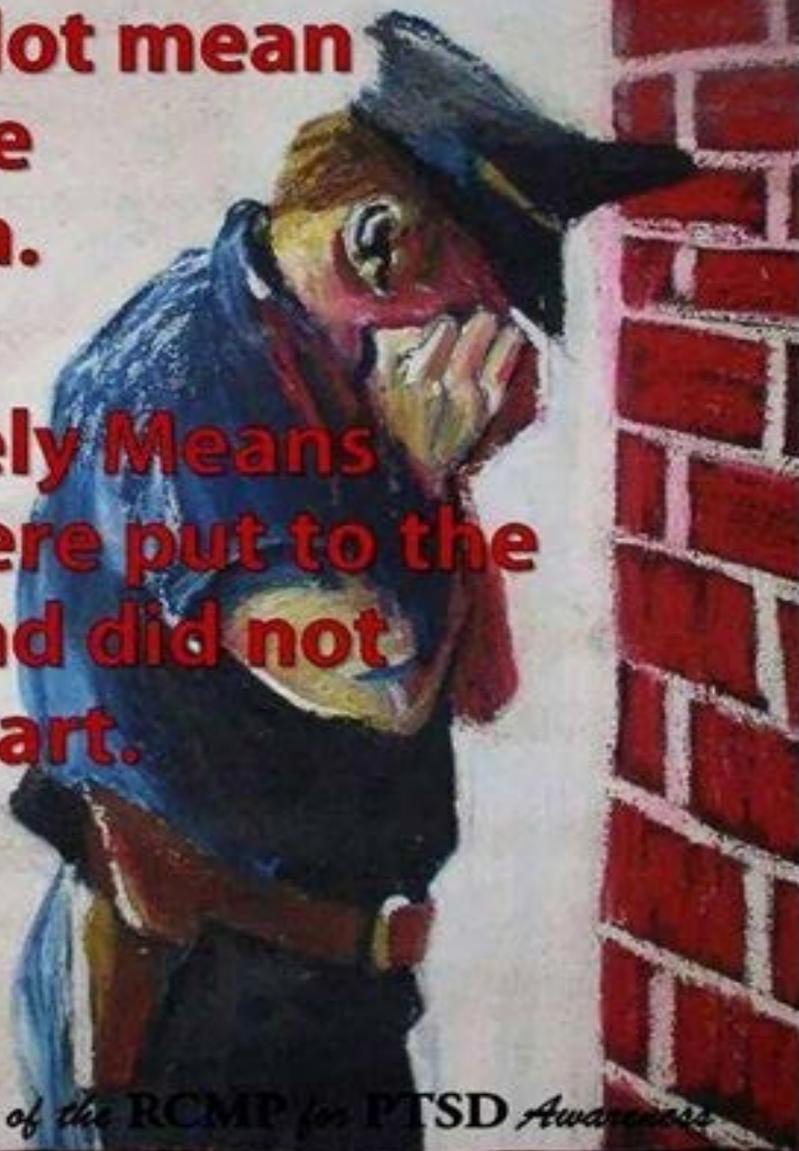
Their wives

Their life



**Having PTSD
Does Not mean
You are
Broken.**

**It Merely Means
You were put to the
Test and did not
Fall Apart.**



Families of the RCMP for PTSD Awareness

TRUE OR FALSE

- Post Traumatic Stress (PTS) only affects war veterans?
- PTS is permanent – you never heal from it?
- People suffer from PTS right after experiencing a traumatic event?
- People should be able to move on with their lives after a traumatic event? Those who cannot cope are weak.

Prevalence of PTSD

- 8 to 20% of the adult population in the United States
 - 10.4% - women
 - 5% - men Tull, About.com (2008)
- 24% of Search and Rescue Personnel
- 7-37% of Firefighters
- 15 – 30% of Combat Veterans. Department of Defense
- 12.4% of Rescue/Recovery Workers
- 17 to 27% of Police Officers Shallcross, Counseling Today (2010)
- 50-60% will develop substance use disorders
- 2/3 of people in drug and alcohol treatment centers have PTSD or other trauma related symptoms

What is PTSD? DSM V

- Posttraumatic stress disorder (PTSD) is defined as a pathological anxiety that usually occurs after an individual experiences or witnesses severe trauma that constitutes a threat to the physical integrity or life of the individual or of another person.

It begins with the Fight, Flight, or Freeze Response

- Hard wired instinct
- Essential tool for survival
- Begins when we perceive something as a threat
- When triggered, the brain alerts the body to danger and initiates a series of important changes.



When Triggered

- Glucose and fats are released into the bloodstream – they provide fuel for the muscles
- Oxygen is needed to burn the fuel – our breathing rate increases
- Our heart beats much faster
- Our perception of pain diminishes
- Awareness intensifies
- Sight sharpens
- Impulses quicken
- Pupils dilate
- Increased awareness of triggering event

How it affects our thoughts

- By its very nature – the fight, flight, freeze system bypasses our rational mind – where we exercise logic, reason, and problem solving – and moves us into “attack mode.”

Our rational mind is disengaged – the blood supply to the parts of our brain allows us to think *rationally* *is reduced*, while the blood supply to the *more primitive parts* is increased.

Fight or Flight

- When we rely on our instincts and reflexes
 - *The way we have been trained is used to build a conditioned reflex.* You are able to follow orders and perform according to training even when the flight or flight is triggered.



Freeze Response

- When flight or flight is not an option, our autonomic nervous system goes into a freeze response and we become immobilized.
- Freeze response is automatic, non-conscious reaction that occurs when mammals face an overwhelming threat.
- In some instances, the “Freeze” response is the optimal survival tactic.

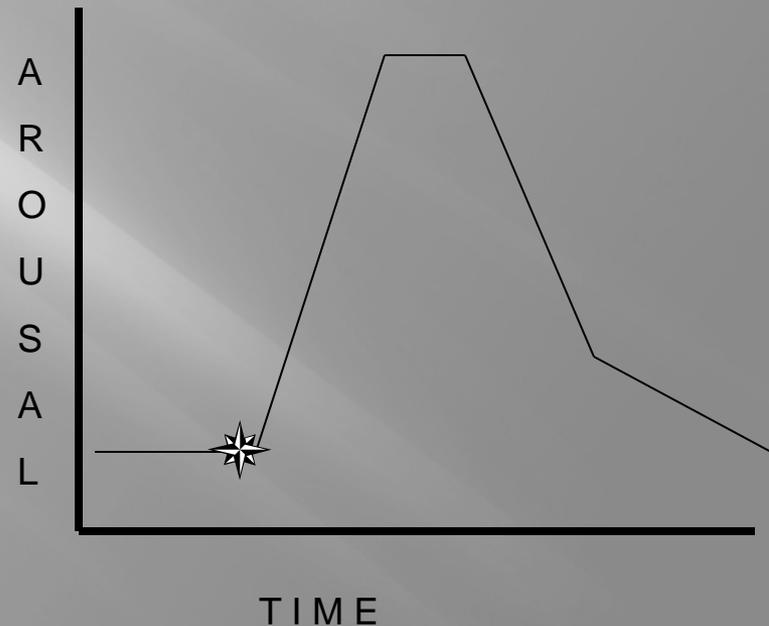
Adaptive Response Profile

Adaptive Information Processing Model

- After the traumatic event, our body tries to resume a state of balance.
- When there is balance in our system, information (memories of the traumatic event) can be processed to an “adaptive resolution.”
- The experience is integrated. What is useful is stored and available for future use.
- Reprocessing = Learning

Adaptive Recovery Model

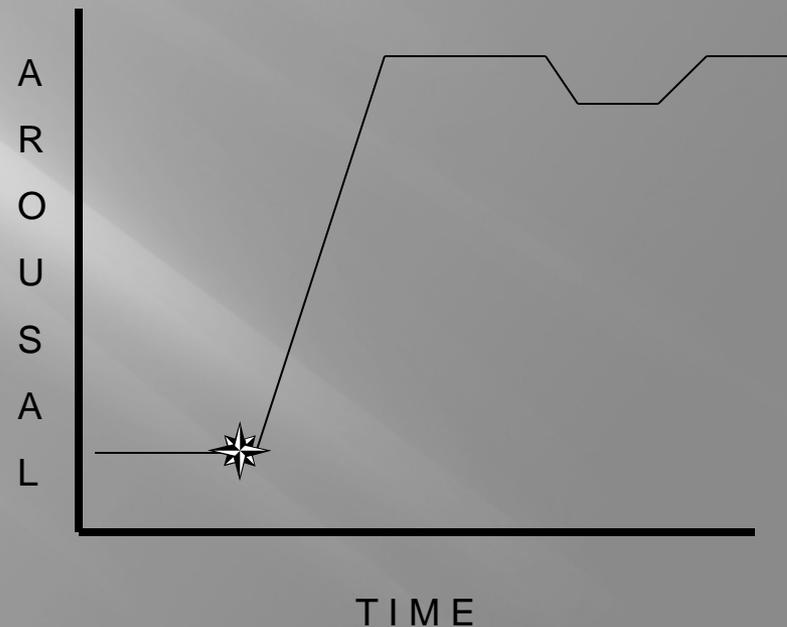
- Traumatic Event Initiates Flight, Flight or Freeze.
- Once the immediate danger has passed or enough time has gone by, the brain kicks in the relaxation response.
- Hormones are released to help terminate the stress-activated reactions and restore your body to a restful balanced state



What Happens when our
brain and body do not
recover?

Post Traumatic Stress

- In PTS or when an event triggers the memory, the fight, flight, or freeze state is activated and remains activated.
- The body continues to respond as though it were under a threat.
- The body's physical, mental, and emotional batteries are drained over time.



Effects on our Brain and Body

- Under continual stress – our body continues to pump out stress hormones.
- Individuals are prone to adrenaline surges:
 - These surges can be triggered by anything resembling the original trauma or they can come out of the blue.
 - In high prolonged doses, adrenaline can affect the parts of our brain linked with emotions, sleep, learning, and memory.
 - Over time, there is increased desire for adrenaline and increased tolerance – need to engage in higher risk behaviors to get the rush.

Trauma related brain changes

- Affects the way the brain copes with stress
- May result in suicidal ideation/attempts (tend to use highly lethal means)
- Result in self destructive behaviors
- Increased risk for depression, anxiety, and borderline personality disorder
- Increased risk for paranoia, hallucinations, impulsivity, anger problems, poor attention
- Physical Confrontations - Can be triggered into “combat mode” easily (approaching too fast, approaching from behind)
- Alcohol and/or drug abuse

Increased Arousal

- Symptoms of increased arousal may be similar to symptoms of anxiety or panic attacks. Increased arousal symptoms include:
 - Difficulty concentrating
 - Exaggerated watchfulness and wariness
 - Irritability or outbursts of anger
 - Difficulty falling or staying asleep
 - Being easily startled.

Implications for PTS:

- **Difficult adjustment from heightened alert to “normal” state**
- ***Increased risk for domestic violence situations***
- **Increased risk for substance abuse/DUI**
- **Increased risk for committing assault**
- **Increased risk for traffic violations**

Incidents

- Studies by Gandy and Wetendorf, indicate that “women suffer domestic abuse in at least 40% of police officer families.” (www.sfgate.com, 2014)
- According to the CDC, for American women overall, the number is 25%.
- In police families, “couples that were divorced, separated, or living apart had three times more severe violence as couples that were living together.” (ABA Commission on Domestic Violence, 2005)

Correlating Factors

(ABA Commission of Domestic Violence, 2005)

- Odd shifts
- Long hours
- Little time off
- Sleep deprivation
- Poor coping skills
- Job dissatisfaction
- Working a specialty assignment

Military DV Statistics

- Physical abuse rate of PTS spouses is up 81%
 - Current vets diagnosed with PTS – 300,000
 - 243,900 potential spouses exposed to physical abuse
 - 42% of PTS veterans commit “severe physical abuse,” Including strangulation, stabbing, shooting, blunt force trauma, etc., approximately 126,000. (www.familyofavet.com, 2014)
- Abuse is 14 times higher than the general civilian population
- Frequency of DV calls from people affiliated with the military from 2006 to 2011 has more than tripled
- At Fort Carson, Colorado, soldiers charged with DV between 2006 to 2009 rose more than 250 percent
- Domestic abuse in the Army from 2003 to 2010 has risen by 177 percent. (Department of Justice, National Domestic Violence Hotline, Department of Defense)

Behaviors

- Damage property when angry
- Push, slap, bite, kick, or choke family members
- Abandoned spouse in a dangerous or unfamiliar place
- Driving recklessly
- Use of a weapon to threaten or harm the spouse
- Force the spouse to leave the home
- Trap the spouse in your home or keep them from leaving
- Keeps the spouse from calling for help
- The use of physical force in sexual situations

Information Processing Model for DV

- Violent men exhibit cognitive deficits (faulty attributions, irrational beliefs) that impact interpretation
- Violent men have difficulty generating a variety of nonviolent responses
- Violent men may lack the behavioral skills to enact a competent response
- The process influenced by “transitory factors” such as alcohol, drugs, anger, physiological arousal, etc.

Holtzworth-Munroe, 1992

Emotional Abuse

- Calls the spouse names, insults, or continually criticizes the spouse
- Does not trust the spouse and acts jealous or possessive
- Tries to isolate/s the spouse from the family or friends
- Monitors where the spouse goes, who they call, and who they spend time with. (most prevalent with PTS)
- Does not want the spouse to work
- Controls finances or refuses to share money
- Punishes the spouse by withholding affection
- Expects the spouse to ask permission.
- Threatens to assault the spouse, the children, the spouses family, or the pets
- Likes to humiliate the spouse in any way possible

Encourage Treatment and Expedite Getting Help

Reassure the officer that:

- Treatment is available
- Getting help for suicide is like getting help for any medical problem
- Every officer has the right to care
- Even if they have had treatment before, it is worth it to try again

Comments
Thoughts
Ideas
Experience