Spotlight on Women Cyberseminar Series

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Complex Dynamics of Intimate Partner Violence in the Lives of Veterans

CyberSeminar

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How do you describe your primary work focus?

- I primarily provide direct patient care.
- I provide education to health care professionals/others.
- I conduct or am involved in research.
- I am involved in Veterans’ Treatment Courts.
- I am a victim advocate.
- I provide batterer’s intervention.
- Other— (may include administrative work, other legal work, political activist, etc.)
How would you rate your knowledge about intimate partner violence?

- Very little – new topic for me.
- I know that IPV stands for intimate partner violence.
- I am aware of literature and research on the subject.
- I work with either victims or perpetrators of IPV.
- I consider myself an expert on this subject.
Over-view of today’s presentation

• Background studies of intimate partner violence perpetration and the relationship to combat exposure and PTSD symptoms.

• Background studies of intimate partner violence victimization and health impact on lives of women service members and veterans.

• Findings from the Relationship and PTSD Study (NRI 04-040) & IPV perpetration and victimization.

• Implications for research & practice.
Background: IPV *perpetration*, combat & PTSD symptoms

- **War zone deployment & IPV:**
  - Severe aggression significantly greater for soldiers deployed in the past year. The longer the deployment, the more likely the severe spousal aggression (deployment during time-frame of 1990-1994, random sample, n = 26,835, married only). (McCarroll et al., 2000)[1].

  - **Bosnia Study:** deployment not a predictor of IPV.
    - Recommend interventions target those with pre-deployment violence not just deployed soldiers. (MacCarroll et al., 2003)[2].

  - **Army Study:** deployment not a predictor of IPV.
Background: IPV *perpetration*, combat & PTSD symptoms

• Combat & PTSD:
  – “Viet Nam returnees” reported more conflicts in intimate relationships (more expressed aggression and suicidal ideation) than non-combat group...42 Marines, 8 Navy (Strange & Brown, 1970) [4].
  – Increased aggression in war veterans more likely related to PTSD than combat (Lasko, et al., 1994)[5].
  – 21% of IPV nation-wide is indirectly attributed to combat (mediated by the development of PTSD) (Prigerson, et al., 2002)[6].
Background: IPV *perpetration*, combat & PTSD symptoms

- Combat exposure indirectly associated with aggression, through relationship to PTSD symptoms (Taft, et al., 2007) [7].
- Veterans with PTSD have consistently been found to have a higher incidence of IPV perpetration than veterans without PTSD (Kulka et al., 1988; Jordan et al., 1992; Orcutt, et al., 2003; Taft, et al., 2005)[8 – 11].
Background: IPV perpetration, combat & PTSD symptoms

• OIF/OEF and IPV:
  – Close to half (53%) endorsed at least one act of physical aggression (VA study) (Jakupcak, et al., 2007)[12].
  – 75% family readjustment problems, with 60% of those reporting mild-to-moderate IPV within the previous six months (VA study) (Sayers, et al., 2009) [13].
  – Compared to OIF/OEF vets without PTSD and Vietnam vets with PTSD, 1.9 – 3.1 more likely to perpetrate aggression toward their female partners (VA subjects) (Teten, et al., 2010)[14].
Background IPV victimization, PTSD & health impact

• Health and mental health impact of IPV victimization:
  – Well documented severe and chronic health problems to include traumatic brain injury (TBI) (see review by Campbell, 2002)[15], & mental health problems like depression, PTSD, anxiety disorders, & substance abuse (Coker, et al., 2002)[16].
Background IPV victimization, PTSD & health impact

• Women active duty military and military veterans:
  – Pattern & severity of mutual and non-mutual spouse abuse, US Army– Active duty female highest risk of becoming a victim; more women victims with greater severity of abuse (McCarroll, et al., 2004)[17].
  – Risk factors for victims included serious violence history, stalking & assaults – incidents precipitated by “relationship problems, jealously, & infidelity (McCarroll, et al., 2008)[18].
Background IPV victimization, PTSD & health impact

• **Women active duty military and military veterans:**
  
  – Women veterans reported nearly half (48%) experienced violence during military service including assault and rape; had chronic health problems & PTSD...a large number of women who reported no violence in the military reported post-military rape, physical abuse, & domestic violence (VA study) (Sadler, A, et al., 2000) [19].
  
  – Women veterans with “frequent” breast pain more likely to have a trauma history to include DV victimization, have diagnosis of PTSD, depression, panic, alcohol misuse, & other medical problems (VA study) (Johnson, et al. 2006) [20].
Background IPV victimization, PTSD & health impact

• Are women as intimately violent as men? Problems with measurement:
  – Women slightly more likely to use one or more acts of physical aggression, and use it more frequently than men; but also more likely to be injured (Archer, 2000) [21].
  • See J. White, et al. (2000) for discussion on the problems with this metal-analysis [22].
  – Male OIF/OEF veterans 1.6 to 6 times more likely to report experiencing aggression from their female partner (Teten, et al., 2010)[14]. Is this mutual violence?
Conducting IPV Research: The Importance of Context

Looking at the context of the violence means going deeper than just the incident – to the history.
Three Contexts

• Violence in exercise of coercive control (battering)
  • Patterned set of behaviors.
  • Coercion and intimidation distinguish it from non-battering.
  • Entrapment essential goal.

• Violent resistance
  • Part of a broader strategy to stop or contain the abuse, including violence directed at the abuser.

• Non-battering use of violence
  • NOT part of an attempt to establish an ongoing position of dominance in a relationship or in response to being battered (common couple, situational).
The Relationships and PTSD Study: Detection of Intimate Partner Violence (NRI-04-040)

Research Study Team:

**Principle Investigator:** April Gerlock PhD, ARNP  
**Project Director:** Jackie Grimesey, PhD;  
**Study Team:** Ofer Harel, PhD; Alisa Pisciotta, MSW; Lynne Berthiaume, MN; Elaine Nevins, BA; Christina Cho, BA; Koriann Brousseau, BA; George Sayre, PsyD

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The Goals of the Study
Phase II

- There were several goals for three separate study foci. (for results from phase 1 go to: www.ajnonline.com Nov. 2011)

- Phase II:
  - Describe the study sample in respect to substance use, exposure to IPV as children, PTSD severity, IPV severity, relationship mutuality/partnership, & demographic variables.
  - Discriminate between the IPV YES and NO groups.
  - Determine which variables reliably predict accurate detection by treatment providers of psychological and physical abuse.
IPV Defined

For purposes of this study IPV was defined as: The use of physical and/or sexual violence, or credible threat at any time during the current or past relationship; AND a current (within the past year) pattern of psychologically abusive and coercive behavior.

- IPV was NOT a stand alone physical assault that occurred as part of a PTSD symptom.
- IPV was NOT general psychological abusive behavior UNLESS there was also a physical and/or sexual assault (or credible threat).
IPV Defined

- If either the Veteran or Partner identified these behaviors (during the RBI and/or during the ABI); the primary perpetrator was determined, and then coded as “IPV YES.”
The Sample

- Random selection of male Veterans actively in treatment in PTSD programs at VA Puget Sound Health Care System, and the Tacoma Vet Center.
  - Selected from ≈ 5600 male veterans in PTSD treatment.
  - Veteran either married or in a committed intimate relationship for at least one year.
  - Veteran’s partner also willing to participate in the study.
The Sample

- Couples were interviewed separately.
- Focus on Veteran’s level of relationship mutuality, war zone deployments, substance use, early life, PTSD, and IPV perpetration.

- Both Veteran and Partner:
  - Completed a semi-structured Relationship Behavior Interview (RBI).
  - Rated the Veteran’s IPV severity (ABI).
  - Rated their own and their Partner’s level of mutuality (MPDQ).
The Sample

- Male Veterans only:
  - Completed the Clinician Administered PTSD Scale (CAPS).
  - Completed a modified scale (CTS) that measured their exposure to relationship conflict and IPV when they were children.
  - Completed an alcohol use scale (ADUIT) and drug use scale (DAST).
The Sample

- Sample size: 441 couples
  - Yes IPV 190 (44%)  
    - Within IPV NO group: 3 women primary aggressors;
  - No IPV 251 (56%)
    - Within IPV YES group: 2 mutual violence couples

- Male Veteran’s age range (mean age 56)
  - 22 y.o. - 88 y.o.

- Partner’s age range (mean age 52)
  - 20 y.o. - 85 y.o.

- Served in war zone:
  - 423 (96%) Yes
  - 17 (4%) No
The Sample: Marital/Partnered status

- Married: 368
- Partnered: 64
- Divorced: 7
The Sample
IPV Perpetration Across the Lifespan

Veteran’s and Partner’s Reports

n = 441 couples (882 total sample)
Veteran currently violent in intimate relationship?

**Veteran Report**

- Yes: 117
- No: 323

**Partner Report**

- Yes: 119
- No: 321
Veteran previously violent in this relationship?

Veteran Report

Yes(181) No(259)

Partner Report

Yes(205) No(235)
Veteran physically violent in past relationship?

Veteran Report

Yes\(191\) No\(239\)

Partner Report

Yes\(85\) No\(218\) DK\(132\)

Partner’s Use of Physical Force (Discussion)

Women’s use of physical force is significantly related to the Veteran’s current* and past* physical violence (or credible threat) in this relationship.

* [r=.465, p = .000]
* [r=.500, p = .000]
Partner’s use of physical force

Veteran report

Partner report

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IPV YES Group

- Both the Veteran and Partner agreed that there was abuse based on the Veteran’s self-rating of his abuse (ABI) and the Partner’s rating of his abuse (ABI):
  - \([n = 190, \rho = .173, p = .017]\)

- However, the Partner rated the psychological and physical abuse as much worse than the Veteran’s report (matched pairs):
  - Psychological: \([n = 190, t = -4.143, p = .000]\)
  - Physical: \([n = 190, t = -4.324, p = .000]\)
IPV No Group

- Both the Veteran and Partner agreed that there was abuse based on the Veteran’s self-rating of his abuse (ABI) and the Partner’s rating of his abuse (ABI):
  - \([n = 251, \rho = .333, p = .000]\)
- However, they did not differ on their report of current physical violence in a matched pair analysis, but did differ in their reports of psychological abuse. Partner’s rated psychological abuse as higher:
  - \([n = 251, t = -2.278, p = .024]\)
PTSD Severity and IPV Perpetration

- Veteran’s and Partner’s Reports
- $n = 441$ couples (882 total sample)
PTSD Severity and IPV Perpetration (Whole Sample)

- There is a significant relationship between both the Veteran’s self rating of his PTSD (CAPS) and abuse (ABI)
  - $[n = 441 \text{ Veterans, } \rho = .168, \ p = .000]$ 
- And, his self rating of PTSD severity (CAPS) and his Partner’s rating of his abuse (ABI):
  - $[n = 441 \text{ couples, } \rho = .102, \ p = .031]$
PTSD Severity and IPV Perpetration

**IPV YES Group**

- The Partners’ ratings of the Veteran’s abuse is significantly related to the Veteran’s self rating of his PTSD severity:
  - $[n = 190 \text{ couples}, \rho = .177, p = .015]$
PTSD Severity and IPV Perpetration

IPV No Group

- Veterans report a significant relationship between their abuse and their PTSD severity, but Partners do not.
  - [n = 190 couples, rho = .175, p = .005]
Deployments & IPV Severity

Mean = 128.79
Std. Dev. = 136.598
N = 177
Substance Use and IPV Perpetration

• Veteran’s Reports
• \( n = 441 \)
Substance Use and IPV Severity
Veteran’s Reports of Drug Use

- Veterans report a significant relationship between severity of current drug use and current physical assaults:
  - Current drug use and current physical assaults: $\rho = -.134$, $p = .005$
  - The number of times weekly using drugs and current physical assaults: $\rho = -.141$, $p = .003$
  - The number of different types of drugs used now and current physical assaults: $\rho = -.124$, $p = .009$
Veterans report a significant relationship between severity of past drug use and past physical assaults:

- Frequency of drug use weekly in the past and physical assaults on past partner: \([\rho = -0.149, \ p = .002]\)
- Number of types of drugs used in the past and physical assaults on past partner: \([\rho = -0.157, \ p = .001]\)
Substance Use and IPV Severity
Veteran’s Reports of Alcohol Abuse

- Significant relationship between binge drinking and current physical (or credible threat) assault: \([\rho = .161, p = .001]\)
RELATIONSHIP
MUTUALITY/PARTNERSHIP AND
IPV PERPETRATION

Veteran’s and Partner’s Reports
n = 441 couples (882 total sample)
Relationship Mutuality & Partnership

Bi-directional communication, respect, supporting each other’s decisions and life’s goals, enjoying each other.
Deployments and Relationship Breakup

Histogram

- Frequency
- Deploy separation TL1 mos

Mean = 93.52
Std. Dev. = 96.828
N = 257
According to the Partners, the Veteran is more likely to talk about war zone experiences when there is a higher level of mutuality in the relationship:

- Relationship between the Partner’s rating of the Veteran’s mutuality (MPDQ), and reporting that they have talked about the war zone: (rho = -.144, p = .002)
Relationship Mutuality and IPV Perpetration

- Veterans and partners agree that lower abuse is related to higher relationship mutuality:
  - According to **Partners**, there is less abuse (ABI) when the Veteran’s relationship mutuality is higher (MPDQ): \[\rho = -0.452, p = .000\];
  - According to **Partners** and **Veterans**, Partners report higher Veteran relationship mutuality (MPDQ) when Veterans report lower levels of abuse (ABI): \[\rho = -0.190, p = .000\];
  - According to **Veterans**, they report higher self-relationship mutuality is related to lower levels of abuse: \[\rho = -0.352, p = .000\]
Relationship Mutuality

- Irrespective of IPV YES/NO status, both Veterans and Partners rated their own mutuality higher than the other’s.
- The only variable significantly related to talking about the war zone was the level of mutuality in the relationship (not related to PTSD severity or level of abuse).
Does the model discriminate based on the research variables?

- **Discriminant Function analysis:**
  - Comparisons: (CTSParent, CAPS total severity, MPDQSM, Audit, DAST, Age for men, PTSD treatment months, Deployment months)
  - IPV Yes = 185; IPV No = 241 N = 426 [15 cases dropped]
- **Function Coefficients:**
  - *(MPDQSM)* IPV Yes = 7.870; IPV No = 8.280
- Wilks' Lambda = .962; Chi-square = 16.425, df = 8, p = .037
TIME IN PTSD TREATMENT AND IPV SEVERITY

Veteran’s and Partner’s Reports
n = 441 couples (882 total sample)
More time in PTSD treatment is positively related to lower physical abuse:

• Agree
• Disagree
Months in PTSD Treatment x Age of Men x IPV Severity

- Not significant:
  - Months in PTSD treatment is not significantly related to the Veteran’s reports of their psychological abuse: \( t = 1.725, p = .085 \)
  - The Veteran’s report of their psychological abuse is not related to their age: \( t = -1.043, p = .297 \)

- Significant relationship between months in PTSD treatment and physical abuse:
  - More time in treatment is positively related to higher levels of physical abuse (per Veteran report): \( t = 2.167, p = .031 \)
  - This is not a factor of age: \( t = -.706, p = .480 \)
Months in PTSD Treatment x Age of Men x IPV Severity

According to the Veteran’s report of their over-all abusiveness (both psychological and physical), the longer time in PTSD treatment (months) is positively related to higher over-all abusiveness (ABI men’s total score): [t = 1.944, p = .05]
What variables are related to provider awareness of IPV in the relationship?

• Logistic regression (provider awareness of physical violence):
  – Wald = 14.424, df = 1, p = .000, Exp(B)
    • PTSDtrmtm11 (months in treatment): Score = 8.366, df = 1, p = .004
Take Home Points

- Research on IPV should include data from both parties and CONTEXT of the violence should be considered.
- Veterans report that IPV severity is worse within the first few years after a war zone deployment. However, according to both Veterans and Partners, the IPV behaviors may persist across the Veteran’s lifespan.
- Standard PTSD treatment (which usually includes both anger management and couple’s work) does not correlate with a reduction in either physical or psychological violence.
References:


References


References
