

Domestic Violence, PTSD, Veterans and Families

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Intimate Partner Violence (IPV) defined:

- A pattern of coercive and assaultive behaviors in an intimate relationship: some behaviors are physically or sexually assaultive, and others are psychologically abusive; some behaviors are illegal and others are not.

Services for IPV victims/survivors:

- **Assessment services:**
 - MST, Harm-risk assessment, co-occurring problems, health-impact
- **Treatment services:**
 - Services specific to trauma
 - Services for co-occurring problems
 - Referrals to and liaison with community services (victim shelters, safety-planning)
 - Domiciliary

Services for perpetrators of IPV:

- **Assessment services:**
 - Assessment for other co-occurring problems
 - Harm risk assessment
- **Treatment services:**
 - Treatment for 'other' co-occurring problems
 - Response to imminent harm risk
 - Referral to community Batterers' Intervention Programs (BIPs)
 - Domiciliary

The Relationships and PTSD Study: Detection of Intimate Partner Violence

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Research Study Team:

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The Relationships and PTSD Study: Detection of Intimate Partner Violence (Phase 1)

- 10% of male Veterans enrolled in treatment at the VA Puget Sound Health Care System (PTSD outpatient clinics, Deployment Health Clinics, Intensive PTSD inpatient, PTSD Domiciliary, and the Tacoma Vets Center)
- n = 507; \approx 75,000 electronic progress notes
- 5 – year look-back, reviewing EVERY progress note, from every health care setting (11/1/02 – 11/1/07).

The Relationships and PTSD Study: Detection of Intimate Partner Violence (Phase 1)

1. Is IPV perpetration being assessed and documented in the veteran's record?
2. If so: Who is assessing? Where are the assessments taking place? When does the assessment occur? And, How is IPV perpetration determined?
3. How does health care access differ when IPV perpetration is present and identified?
4. How does documentation of IPV impact detection of IPV perpetration?

Phase 1 Findings: Was IPV perpetration assessed and documented?

n = 507 (single coding)

NO Documentation	■ n = 363	■ % of 507 = 71%
Vague doc	■ n = 24	■ % of 507 = 5%
YES (n = 120) Documentation	24% of total:	% of Yes doc
■ No IPV = 47	■ 10 % No IPV	■ 39 %
■ Yes IPV = 73	■ 14% Yes IPV	■ 61 %

Phase 1 Findings: Does health care access differ for Veterans where IPV perpetration has been identified?

- YES:
 - There is a significant difference in health care access between the “no documentation group” compared to the “yes IPV perpetration and high relationship conflict (vague doc)” groups (ANOVA, $F = 8.529$, $p = .000$, $n = 408$).

How do multiple screens impact IPV documentation?

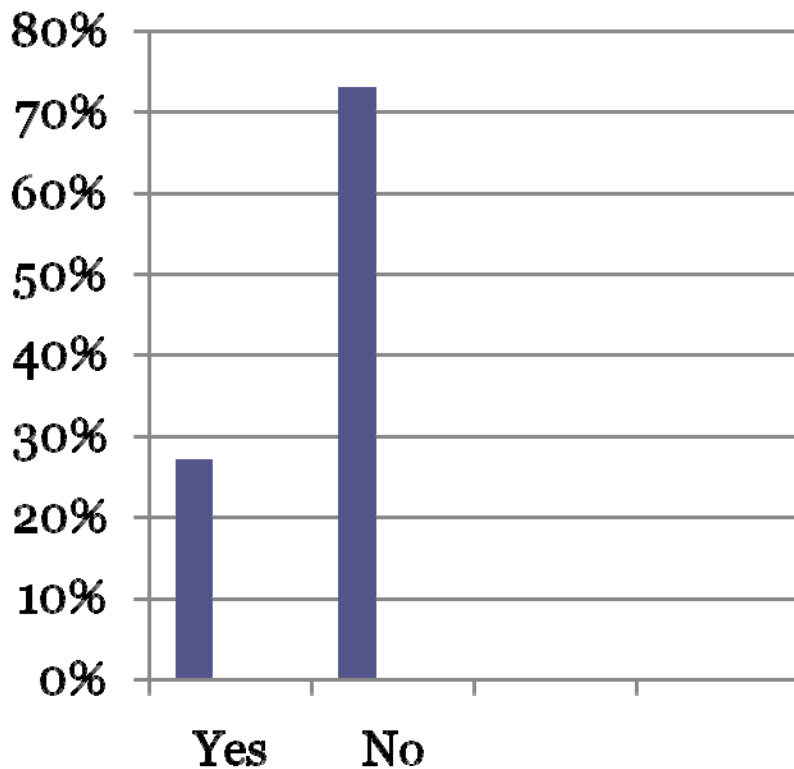
- Once an IPV assessment had been documented, it created a ripple effect across the medical center (all health care settings), resulting in multiple assessments, and increasing the likelihood of IPV perpetration being identified and documented (Spearman's $\rho = .611$, $p = .000$)

The Relationships and PTSD Study: Detection of Intimate Partner Violence (Phase 2)

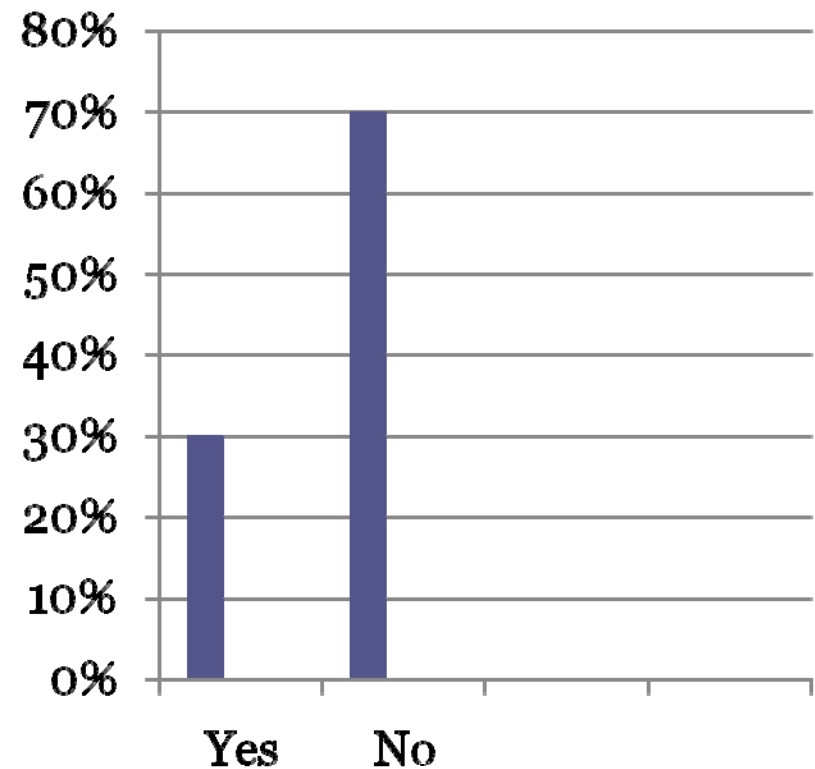
- First \approx 100 couples
 - 45 Yes IPV (44%) 57 No IPV (56%)
- Months in PTSD treatment:
 - Spans from 5 months to 432 months (36 years)
- Age Range
 - 23 y.o. - 83 y.o.
- Served in war zone:
 - 96% Yes 4% No

Veteran currently physically violent in the relationship:

Veterans Report:

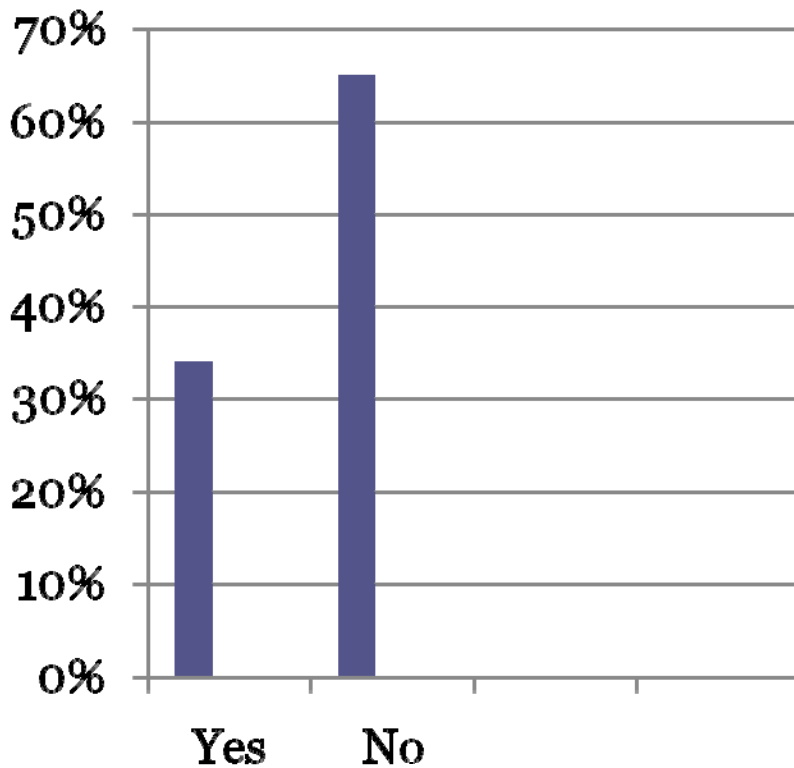


Partners Report:

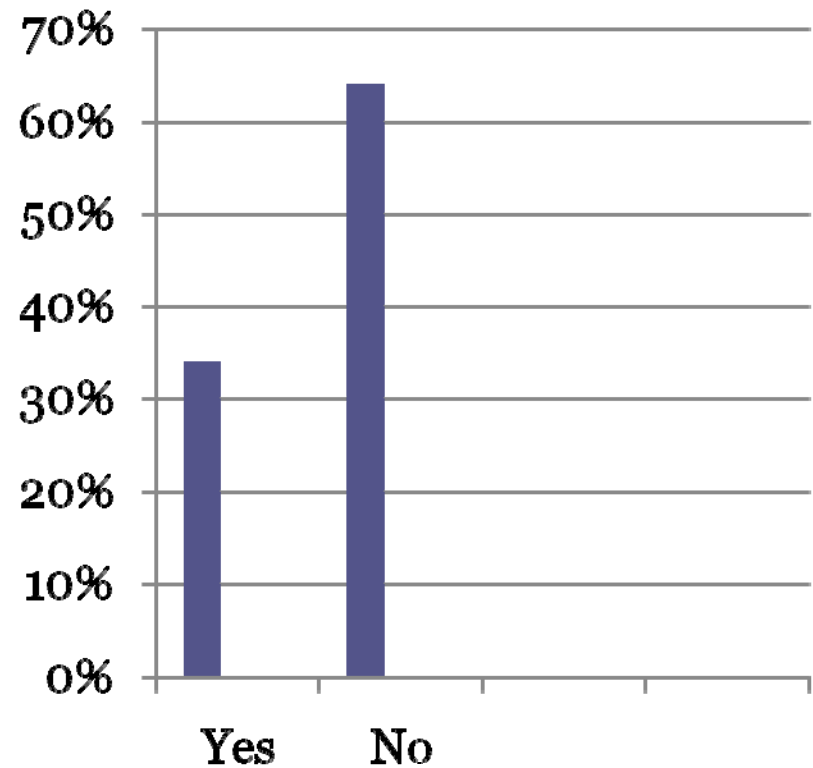


Veteran previously violent in this relationship:

Veterans Report

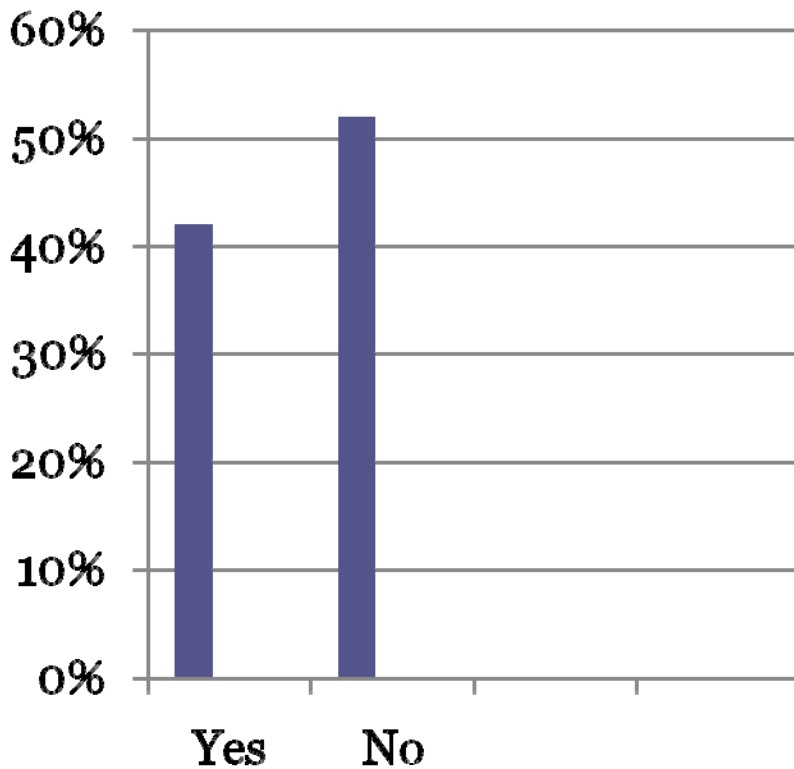


Partners Report

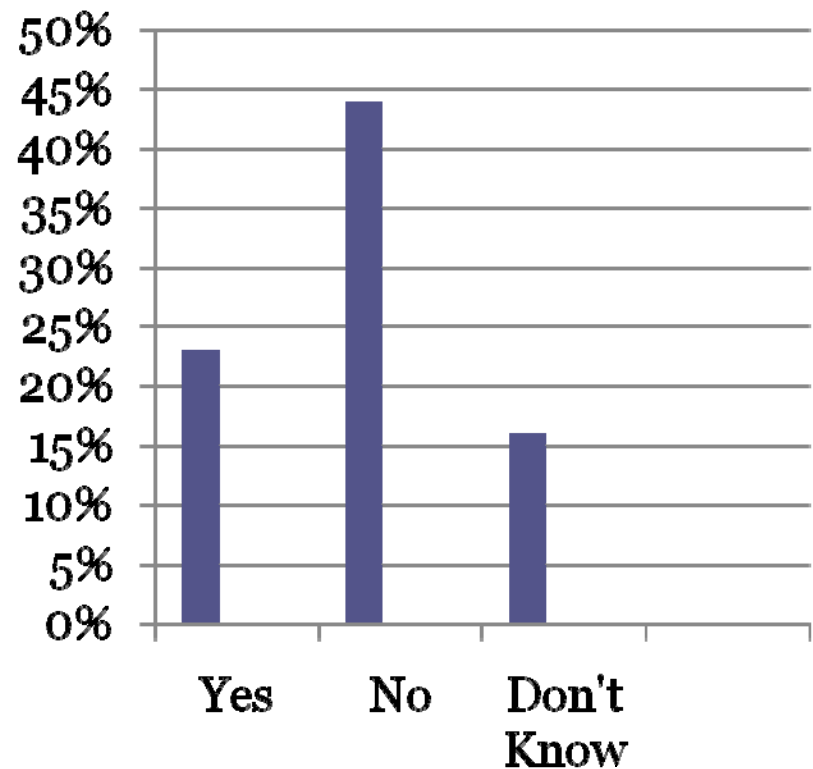


Veteran physically violent in a past relationship:

Veterans Report



Partners Report



Months after 1st deployment to relationship break-up:

