

Trauma Spectrum Disorders Conference:

Posttraumatic Stress Disorder and Intimate Partner Violence Perpetration

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(Dec 10, 2009)

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The Relationships and PTSD Study: Detection of Intimate Partner Violence

Funding: NRI-04-040

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Grant funded by the Department of Veterans Affairs. Findings and conclusions are those of the author and do not necessarily represent the VA or HSR&D.

Intimate Partner Violence Definition:

- 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.

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)

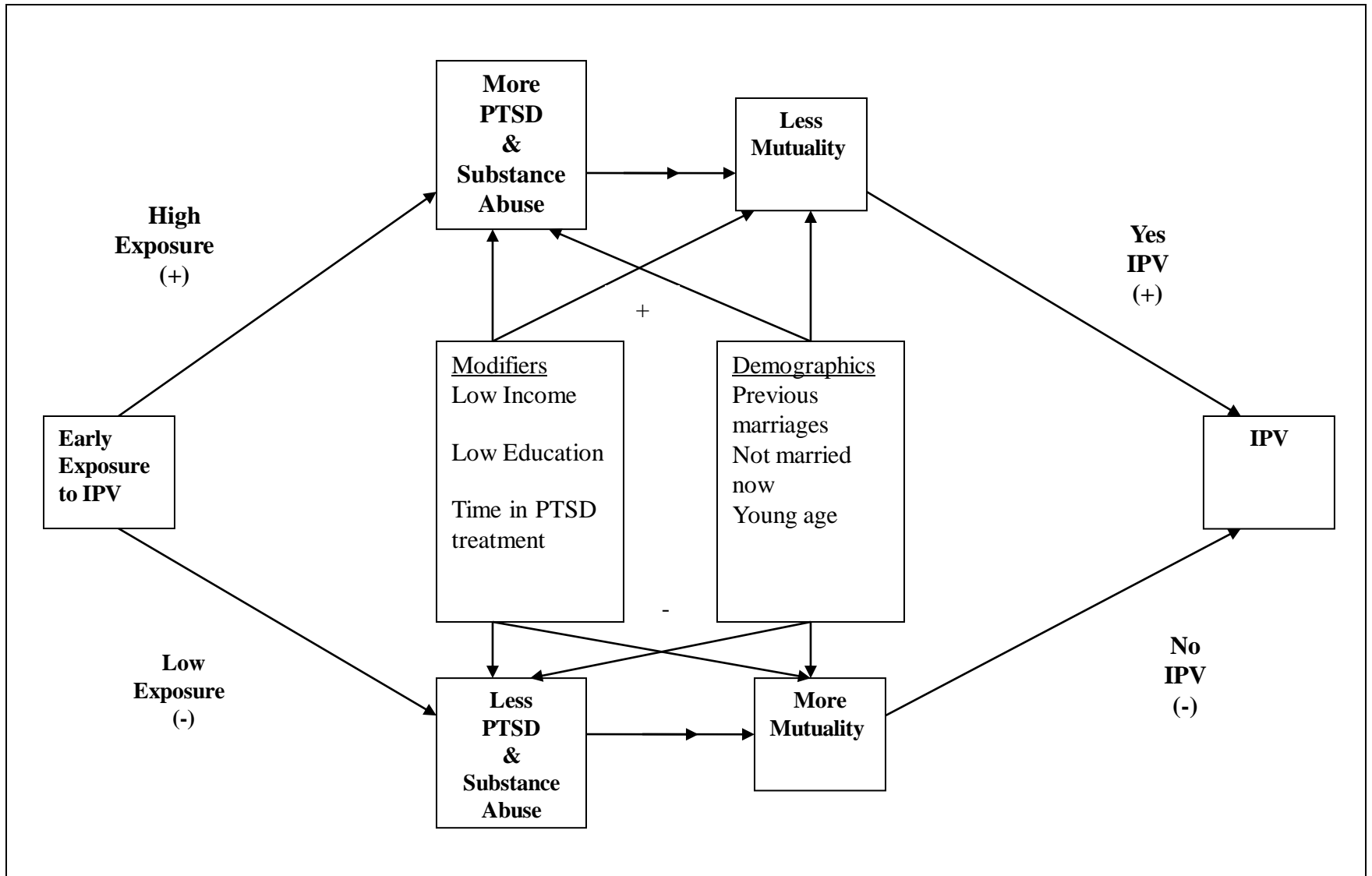
| | | |
|-----------------------------|----------------------|------------------|
| NO Documentation | ■ n = 363 | ■ % of 507 = 71% |
| Vague doc | ■ n = 24 | ■ % of 507 = 5% |
| YES (n = 120) Documentation | 24% of total: | % of Yes doc |
| ■ No IPV = 47 | ■ 10 % No IPV | ■ 39 % |
| ■ Yes IPV = 73 | ■ 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 $\rho = .611$, $p = .000$)

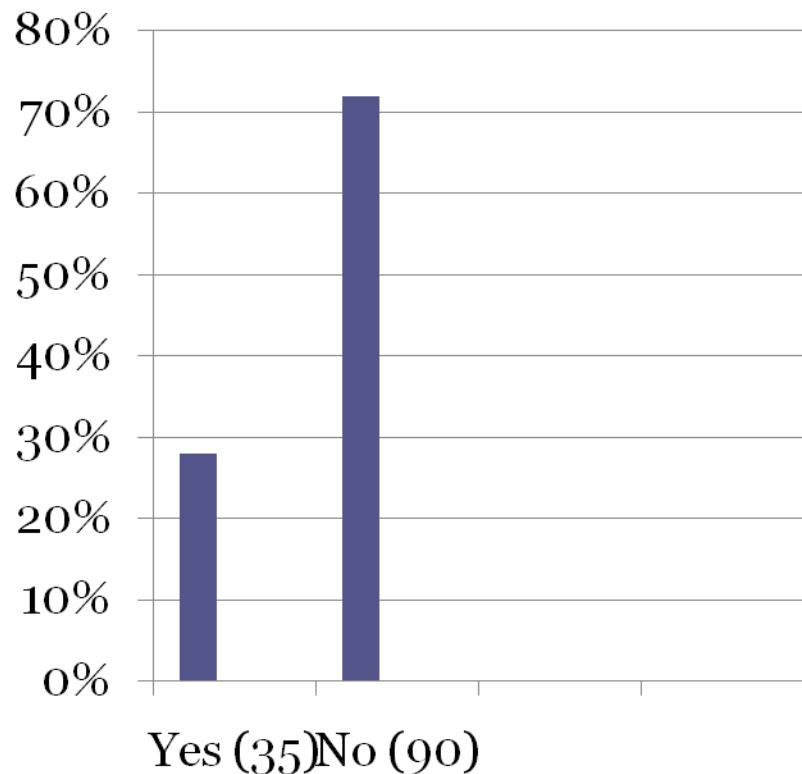


The Relationships and PTSD Study: Detection of Intimate Partner Violence (Phase 2)

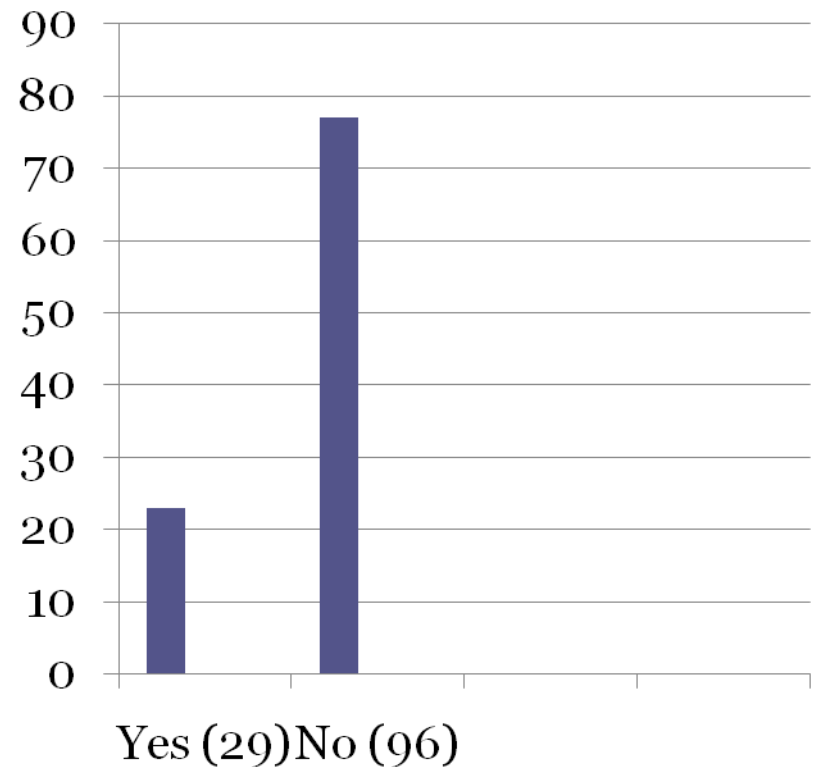
- First \approx 125 couples
 - 56 Yes IPV (45%) 69 No IPV (55%)
- Months in PTSD treatment:
 - Spans from 5 months to 432 months (36 years)
- Age Range
 - 23 y.o. - 83 y.o.
- Served in war zone:
 - 96% Yes 4% No

Veteran currently physically violent in the relationship n = 125:

Veterans Report:

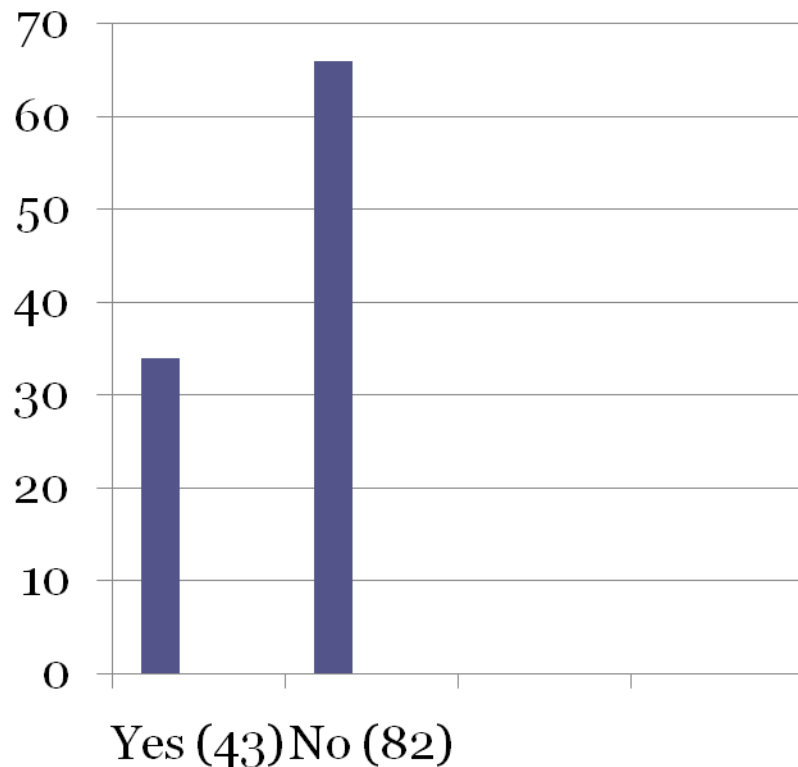


Partners Report:

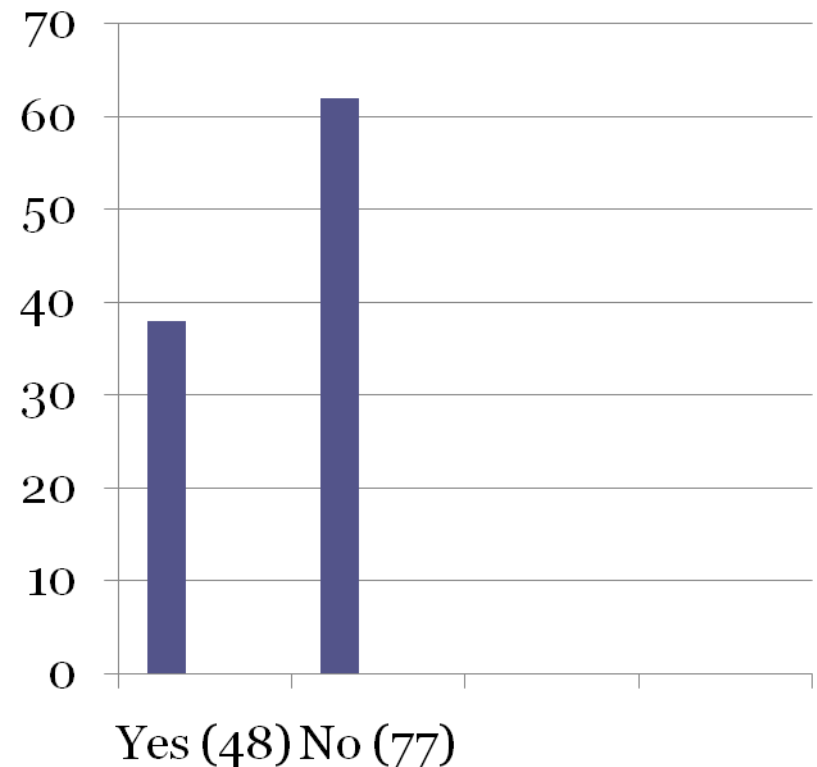


Veteran previously violent in this relationship (n = 125):

Veterans Report

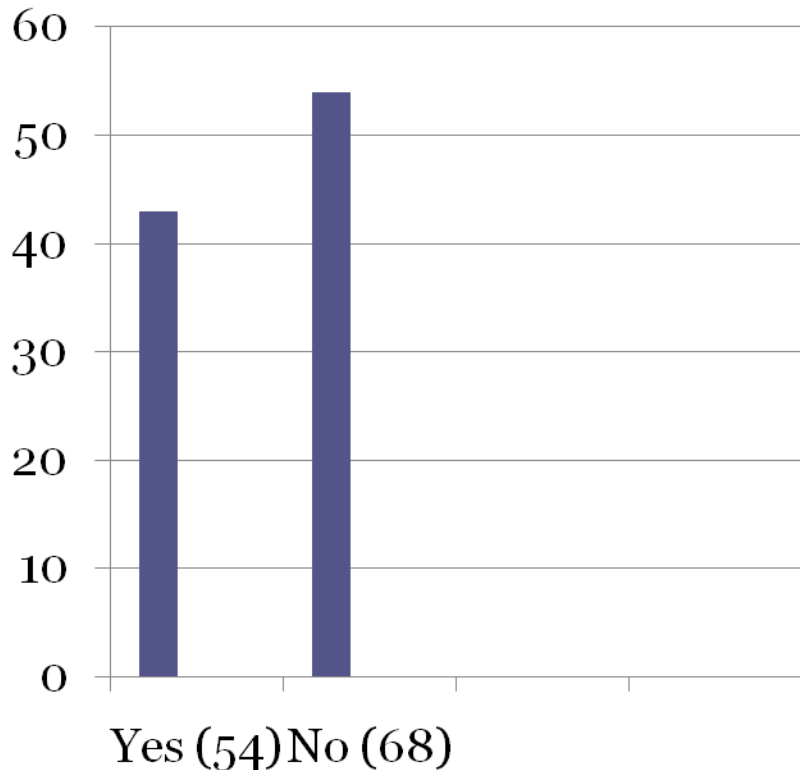


Partners Report

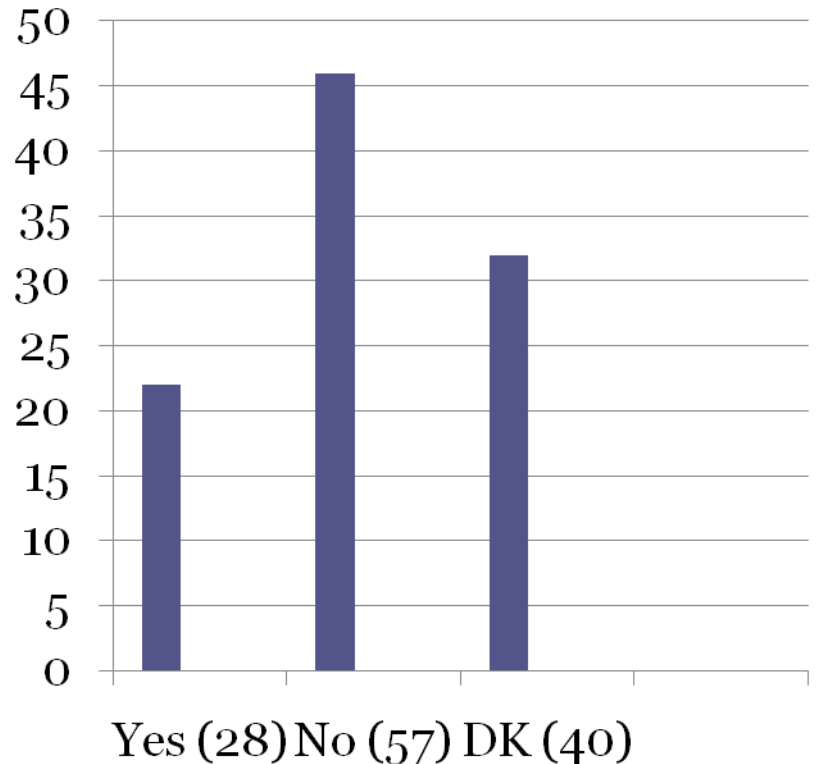


Veteran physically violent in a past relationship (n = 125):

Veterans Report

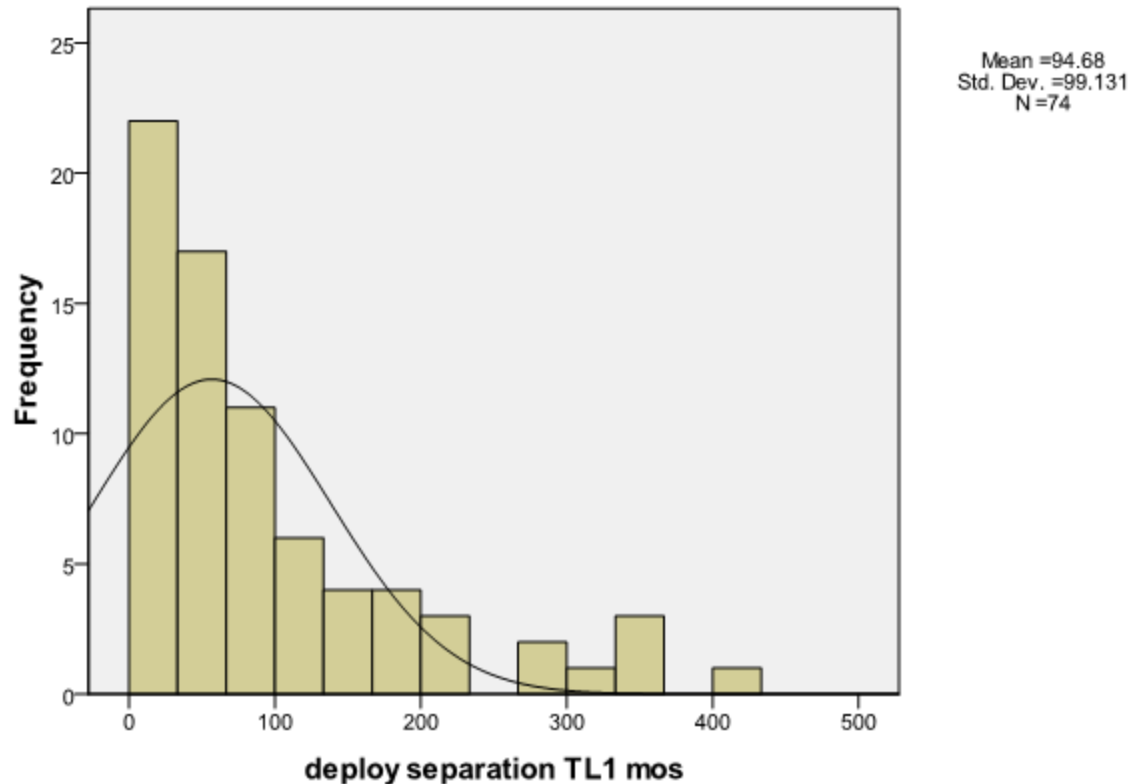


Partners Report



Months after 1st deployment to relationship break-up:

Histogram



Recommendations:

- Given the prevalence of IPV in PTSD treatment seeking Veterans, persons caring for active duty military and military Veterans should know how to screen for both IPV perpetration and victimization, and understand the difference between PTSD, post-deployment readjustment & IPV.
- When IPV victimization or perpetration is identified, it takes both provider-level, and system-level *understanding* and *response* to create a safety net for military families.
- Families need education about post-deployment readjustment, but it is the service member's responsibility to stop all abusive and violent behavior.