Caregivers, Military Veterans, and Intimate Partner Violence

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April A. Gerlock Ph.D., ARNP
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Partners

• “I’ve learned...in the last three years...sometimes, I just shut up. But...there’s some things, I have to keep going with him because I’m afraid he’s going to pop. ...He’s physically unable to do a lot of things now...”

• “I know when he has bad nightmares, I wake up smelling...to me, he smells like rancid maple syrup. He doesn’t share...But, if he says he had a bad night, that means...things came to him in the night...”

• “He did get better over time. But, it still was a struggle to get him to comply...”
Detection of IPV among PTSD treatment-seeking veterans

IPV defined as the use of physical or sexual force (or credible threat) and a current (within the past year) pattern of psychological abusive and coercive behavior

• Sample size: 441 couples
  o Yes IPV 190 (44%)  No IPV 251 (56%)
    o Within IPV NO group: 3 women primary aggressors;
    o Within IPV YES group: 2 situational violent couples

• Veteran’s Age Range
  o 22 y.o. - 88 y.o.

• Served in war zone:
  o 423 (96%) Yes  17 (4%) No

• Qualitative findings, 24 couples’ narratives
Veteran’s PTSD symptoms on relationship functioning

- Social support, especially that of spouse or intimate partner, may counteract or reduce some PTSD symptoms (King, et al., 1998).
- However, positive effect may be time limited...as the impact of living with someone with PTSD starts to erode benefits and impact caregiver and family (King, et al., 2006).
- Partner distress may be related to living with someone with PTSD, secondary traumatization, or primary trauma secondary to their victimization at the hands of their loved one for whom they are also caregiver (Manguno-Mire, et al., 2007; Monson, Taft, & Fredman, 2009).
Veteran Unique Issues for staying when IPV is present

- Offender behavior is attributed to his disability or other service-related issues (e.g., PTSD, TBI, depression)
- Healthcare providers rely on caregivers (usually the partner or spouse) to make sure the veteran complies with treatment
- Partners and spouses do not want to abandon their intimate partners (i.e., the disabled veteran)
- Spouses and partners may also be disabled veterans and have additional barriers
- Combat-related trauma/issues
- Caregiver role and guilt
Emotional intimacy in the PTSD & Relationships Study

• Captured as disclosure of intimate experiences, by asking the veterans and spouses/partners whether or not the veteran ever talked about his war zone or military trauma experiences.
• Intimate closeness measured by examining their level of relationship mutuality (MPDQ-Genero, et al., 1992).
• Lower levels of mutuality, also less likely to talk about war zone/military trauma experiences.
• Lower levels of mutuality, more likely to use physical force against their spouses/partners.
• Mutuality “mediated” IPV severity.
Veteran currently violent in intimate relationship?

Veteran Report

Partner Report

Yes(117) No(323)

Yes(119) No(321)
Veteran previously violent in this relationship?

**Veteran Report**

Yes (181) No (259)

**Partner Report**

Yes (205) No (235)
Partner’s use of physical force

Veteran Report

Partner Report
Partner’s use of physical force

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

*\[r=.465, p = .000\]

*\[r=.500, p = .000\]
Dysfunction
- Low mutuality
- Unbalanced Locus of control
- Intolerance of weakness

Balanced Locus of Control
High Mutuality

Disability
- Partner/Patient/Child
  - PTSD: victim/agent
  - Impotence/Disability

Responsibility
- Knowledge/responsibility
- Helplessness
- Veteran Control

Communication
- Secrets = Protection/Control
- Safety/Isolation
- Sharing = Intimacy/Vulnerability

Others as:
- Necessary/Threat
- PTSD: “we”/“me”

Tolerance of Weakness

Care Giving
- Caring/ Self-protection
- Self-care/other care
- Caring/Trigger

Community

High Functioning Thriving/Growth

Gerlock et. al (2014) J of Marital & Family Therapy
Issues that impact optimal couple functioning

- Disability
- Care giving
- Responsibility
- Trauma
- Communication
- Community

Gerlock, et. al (2014) J of Marital & Family Therapy
Disability

• Both Veterans and their partners described the following PTSD symptoms and related issues as having significant impact on their relationship: avoidance, emotional numbing, depression, a heightened need for control, hyper-vigilance, self-harm & risk taking, aggression and self-medication. Many of the participants specifically identified these as PTSD-related symptoms.

• They also described a wide variety of physical and cognitive impairments/limitations that the Veterans suffered in relation to their deployment not directly related to their PTSD symptoms: diabetes, hearing loss, medication related erectile dysfunction, loss of mobility, and cognitive problems such as attention and memory impairment.

• The majority of Veterans and their partners described the Veterans’ history of alcohol and/or substance abuse and use for self medicating in a manner that exacerbated both PTSD and medical issues. The presence of these symptoms was woven throughout the couple’s descriptions of their conflict, communication and overall relationship.
Narratives: Disability

- I don’t even think we’ve had a disagreement because he’s been in such a medical state on all, so many dynamic levels of needing to take care of himself that I didn’t want to add to that. (Partner)

- I’d wind up crisis firefighting on everything. Bills, house cleaning, medical. One time I came home and there wasps in the entire house because they had bored through the ceiling. And, he was terrified, and I could understand that. And, I was compassionate. And, I jumped on it because I’m a task-oriented and I’m a fixer and, and like to take care of things. And, then I compartmentalize and I have my reactions later. (Partner)

- I just go by whatever she feels. I just try to make her life easy, you know? “Do what you need... It’s easier for me, I don’t have to deal with it... I don’t do anything, myself. Like, I put myself in a little cage.” (Veteran)
A vicious cycle in which **caring** for the symptoms of PTSD is **received/experienced as a source of PTSD symptoms**.

In these couples, **caring/care giving**, normally a phenomena/experience grounded in concern for the other, has been **transformed/is simultaneously a state of self concern**.

Reflecting the combination of a very high felt need to manage the Veterans well being, motivated by both empathy (concern for the other) and anxiety (concern for self), and minimal information regarding PTSD resulting in being minimally effective at either supporting the Veteran or managing their aggression. Partners **expressed self-blame, a sense of helpless, incompetence and frustration. Partners described poor self care, and an overall sense of losing themselves in the relationship**.

When discussing the volatile and sometimes violent behavior of the Veterans, partners **expressed anxiety regarding his emotional state**, and a desire to **avoid triggers**, but these descriptions were marked by self preservation/protective and defensive language rather than concern.

**Caring/trigger** a crucial dynamic defining Veteran-PTSD relationships is the tension around care giving **being experienced as both support and as a trigger**.
Narratives: Care Giving

• ...depends on a trigger. If she hits a trigger, like she’s, sometimes - let’s see, when, when I have the feeling that she’s nagging, when you get the feeling that she, she’s nagging, and, then, all of a sudden, it’s, like, bam, bam, bam. ...- I can’t be speci-, I can’t be specific, but that’s pretty much what happens. (Veteran)

• Well, I also did them for me but, you know, I was secondary. And, that’s another thing that I would like it known is that the family and the spouse become secondary to everything. And, you, kind of, get lost in the shuffle. Everything is focused on it, everything. And, in some ways, rightfully so, but, also, the - my emotions, my feelings, my medical care, my physical care, my sexual desires, my life desires, you know, work, everything falls to the wayside. And, it all is about them. (Partner)

• I try and figure out what triggered him to want to argue, and come at it from a different direction. (Partner)
Responsibility

- Both Veterans and partners tended to implicitly or explicitly speak of the partner as responsible for the Veterans emotional state. This dynamic was most clearly expressed around the themes of “triggers.”

- Partners tended to be acutely aware of, and frequently more articulate and detailed than the Veteran’s themselves. Their descriptions reflected an experience of attending closely to the symptoms, states, and well being of their Veteran partner.
Narratives: Responsibility

- But, yeah, I could definitely have a lot of pent-up rage that I can’t - I don’t know how to get rid of instantly. And, that’s where there’d be a hole in the wall from. And, that happened a few times. I don’t know. It, it easily pops up at situations. Sometimes, I don’t even know where it comes from, honestly. (Veteran)

- ...we check in with ourselves to find out what that trigger is before, kind of, reacting. ... really, for me, anyway, when, when I’m feeling like I’m being triggered, I want to know how much, how much do I want to invest in this particular thing? I de-escalate it, and I just let it go. If it’s a high priority, then I’ll say something like, “We need to talk about this when I’m less angry.” (Veteran)

- And, the fact that it fell on me all the time to be responsible for making sure that he got the medical help that he needed. It was a huge responsibility. And, the majority of which I didn’t know enough it - I mean, I’ve worked in and out of medical hospitals and clinics, and I know enough about it to ask the right questions and get it just before it gets really bad. But, if I’m not there, then there’s not anything I can do about it. (Partner)
Trauma

- Entitlement “you owe me” because of what I’ve been through, actions as well as impotence justified in this way, weakness & vulnerability turned back so others have to deal with me.
- “Triggering” (being activated by environment) used as excuse for IPV.
- Veterans significant need for control and the level of aggression was described as inducing neither empathy nor concern, but fear and anxiety.
- An awareness of the Veteran’s capacity to harm, noted in reference to his size, strength, or past history, military or previous IPV, created significant partner fear and anxiety.
- Assaults during sleep added to the knowledge that the Veteran has killed/could harm actively or passively.
- Possession of weapons was common with the Veterans and a recurrent theme among the more distressed and violent couples, becoming the focal point of the Veteran’s capacity to harm.
Narratives: Trauma

• “So I was going through this triggering thing. And I got the thing for domestic violence anyway. And – you know, the preclusion to it with my dad and everything. So, everything just hit just right, you know? It was like the perfect storm of domestic violence, with the anger, the guilt, and everything just meshed. And, it, it wasn’t a pretty sight.” (Veteran)

• “He says, ‘I killed people in Vietnam’. Now, what does that make you think? If you’re yelling at somebody and they say ‘I killed before’.” (Partner)

• “I get nervous about it, because I don’t know what he’s going to do. I know he can kill.” (Partner)

• “I think she’s scared of me, because of what she knows of my, my military past.” (Veteran)

• “Well, I have knives and, well, I had knives and weapons around the house, back in the day. And I told her if she kept on doing, arguing and saying things that I didn’t appreciate or didn’t like, she would come up missing. And, told her I would take my weapon and kill her.” (Veteran)
Communication

- **PTSD symptoms** (emotional numbing, avoidance, need for control, and depression) are impediments to communication.
- Partners have to develop hypervigilance in absence of communication, i.e., “smell his nightmares.” Partners may already “know” the secret, the tension lies in disclosure.
- When describing their partners attempts to communicate or manage their triggers, Veterans tended to express annoyance or resentment at being controlled. Many described a diminished sense of self, being treated like a child, passivity or compliance. In this way, partner’s attempts to manage their Veteran are themselves experienced as “triggers”, the partner was perceived as responsible for both the Veteran’s emotional experience and aggression/violence.
- The lack of communication was experienced by partners as resistance and led to frustration and anger toward the Veteran and contributed to the partner sometimes adopting power assertion methods/style of relating.
- Both identified partners as highly talkative, expressive, communication initiating and pursuing of connection. This was often framed as either complimentary to, or compensatory for, the Veteran’s lack of communication. (Partner forced to change way of engaging the world?)
Narratives: Communication

• “I mean, he has secrets. He would withhold stuff from me. He wouldn’t tell me where he was, what he was feeling, what he needed, what he wanted. He would not go to the doctor, he wouldn’t schedule appointments. He wouldn’t write down his meds—he would rely on me to remember what his meds are, even if they’d changed.” (Partner)

• “She’s heard more details when me and my buddies have been flapping our gums, and she just happened to be overhearing what was going on.” (Veteran)

• “We ended up being two strangers in the same house. She didn’t recognize that I’d come back a different person and that there were a lot of things that I couldn’t talk to her about, that I can’t talk to her about. She knew I wasn’t sleeping at night. If a needle fell on the carpet I could hear it, you know? She was very critical of the fact that I just wasn’t the same person. I was depressed.” (Veteran)
Community

• This lack of effective inter-relating was worsened by the Veteran’s military experience & culture in which secrecy and security is valued and, sometimes necessary, and there is a strong sense of distinction between soldiers/civilians leading to a sense that partners cannot understand.

• Service dogs – liked for helping/protecting, partners – resented for it. Service dog gets to succeed at what wife is punished for.

• Hypervigilance motivated by caring/love and/or by pathological fear/self-protectiveness.

• Partners spoke of how connections with other Veterans were an important part of not only PTSD awareness, but also vital support system for the Veteran.
Narratives: Community

• And, you try to sympathize with him, and you say, you know, “I can’t imagine that. I feel so bad for you.” And, then, he gets real defensive, and, “You can’t possibly understand what it was like.” (Partner)

• I couldn’t even go to the grocery store by myself, and, I mean, it got to the point where my friends no longer liked him. They despised him because all he did was call. It got to the point to where I stopped going and seeing my friends. I stopped going out and being social, you know?” (Partner)

• I remember she got scared and she took the kids in the bathroom, and I wasn’t really going to do anything, and, next thing I know, I’m stabbing the door.” (Veteran)

• He changed more when he came home from deployment. The other day he’s telling me “If you leave me, or you cheat me, or something, I’ll kill you. I prefer to kill you and put you in pieces and spread you everywhere.” He said “If you leave me, I’m going to kill somebody.” But he doesn’t tell me who he’s going to kill, or if himself, or myself, or my son, or? He doesn’t go out, so I don’t know what he’s talking about. (Partner)
Interventions

• Several couples identified PTSD-related and alcohol treatment as helpful;
  o They described reduced overt physical violence, but these did not impact the ongoing coercive control and psychological abuse.

• In couples where IPV was present, partners expressed anxiety and fear in relationship to basic couple activities (e.g., talking on an intimate level and engaging in loving acts);
  o Partner actions, driven out of concern for the veteran partner, were events that could “trigger” fear and anxiety.
  o Female partner at times described a double-bind (“damned if you do, dammed if you don’t”) in relationship to her attempts to care for the veteran.
Interventions

- Veterans who had more open communication with their partners about their PTSD symptoms and emotional state experienced less relational distress.
- Partners who described creating boundaries and communicating with the veteran about the effects of the PTSD was having on them also had less distress.
- Healthcare providers should know if there is IPV in the relationship, if it impacts the veteran’s or partner’s health and access to care.
- If IPV is present, the healthcare provider should ask how it impacts the safety of the caregiver.
Thank You!

April A Gerlock PhD, ARNP
gerlockaprila@comcast.net