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Remission of PTSD After Victims of Intimate Partner Violence Leave a Shelter

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Abstract

Intimate partner violence (IPV) is a significant public health problem associated with high rates of posttraumatic stress disorder (PTSD). Few longitudinal studies have investigated IPV-related PTSD and we know of only 1 longitudinal study to date that has explored IPV-related PTSD in residents of battered women's shelters. The current report describes a prospective study of IPV-related PTSD in an initial sample of 147 residents of battered women's shelters. Baseline correlates of remission of IPV-related PTSD (i.e., PTSD and IPV severity, loss of personal and social resources, cessation of abuse, reunion with abuser, and length of shelter stay) over a 6-month follow-up period were investigated. Although findings are consistent with prior research suggesting a natural recovery of PTSD in IPV-victims, they also show that a significant number (46.8%) of women exhibit chronic PTSD. Participants whose PTSD remitted over follow-up had at baseline less severe IPV-related PTSD (partial $\eta^2 = .104$) and fewer loss of personal and social resources (partial $\eta^2 = .095$), and were less likely to reunite with their abuser after leaving the shelter than participants with chronic PTSD (3.3% and 22.4%, respectively). Clinical implications and limitations of findings are discussed.

Intimate partner violence (IPV) is a significant public health problem, with one in four women reporting lifetime IPV (Breiding, Black, & Ryan, 2008). Posttraumatic stress disorder (PTSD) is one of the most prevalent disorders found in IPV victims (Golding, 1999) and is associated with significant morbidity (Johnson, Zlotnick, & Perez, 2008). Furthermore, IPV victims who seek shelter tend to present with more severe abuse and related injury and exhibit higher rates of PTSD (i.e., 40–84%) than do women not in a shelter (Jones, Hughes, & Untestaller, 2001). Conservation of resource theory (Hobfoll & Lilly, 1993) hypothesizes that loss of personal and material resources plays an important role in stress reactions, including PTSD. According to the theory, in times of stress, people strive to obtain resources and mobilize available resources to cope and prevent future loss. The theory posits a downward, bidirectional spiral between resource loss and PTSD, in which resource loss contributes to the development and maintenance of PTSD and may impede recovery from PTSD. The current report explores factors consistent with

conservation of resource theory that may influence or inhibit recovery from IPV-related PTSD in residents of battered women's shelters.

To date, only three studies that we know of have specifically investigated the longitudinal course of PTSD in IPV victims. Recently, Blasco-Ros, Sánchez-Lorente, and Martínez (2010), investigated the recovery of PTSD over a 3-year period in a community sample of 91 IPV victims. They found that women exposed to both physical and psychological IPV experienced significant reduction in both incidence (24.2%–18.2%) and severity of PTSD over follow-up, whereas those with only psychological IPV did not experience significant recovery from PTSD. Further, they found that severity of perceived life events and cessation of physical IPV were significantly associated with recovery from PTSD. Krause, Kaltman, Goodman, and Dutton (2008) found avoidant coping and revictimization over a 1-year follow-up to be associated with PTSD severity in 262 IPV victims. Finally, Mertin and Mohr (2001) reported a significant decrease in the occurrence of PTSD over a 12-month postshelter follow-up (42% to 14%) in 59 residents of domestic shelters.

The research described above suggests that there is a natural recovery of PTSD in IPV victims. None of the studies, however, specifically investigated factors related to remission of IPV-related PTSD. Other limitations include use of a self-report measure of PTSD, no inclusion of baseline and follow-up rates of PTSD (Krause et al., 2008), low rates of PTSD, inclusion of only one follow-up period, and failure to account for sub-threshold PTSD symptoms (Blasco-Ros et al., 2010; Mertin & Mohr, 2001), lack of specification regarding if the PTSD was IPV-related, and failure to assess for correlates of recovery from PTSD (Mertin & Mohr, 2001). Thus, more longitudinal research on IPV-related PTSD is warranted, especially for IPV victims who seek shelter to establish safety. Services provided by shelters often include advocacy, case management, access to resources, physical shelter, and a supportive milieu that research suggests may be associated with improved mental health (e.g., Mertin & Mohr, 2001).

Unlike prior research, the current prospective study examined the rates of remission of IPV-related PTSD and subthreshold PTSD in an initial sample of 147 residents of battered women's shelters during a 6-month period and investigated whether severity of baseline IPV (including types of abuse) and PTSD, resource loss, cessation of abuse and/or reunion with abuser, as well as length of shelter stay impacted remission of PTSD. Subthreshold PTSD was included because it is associated with significant morbidity (Stein, Walker, Hazen, & Forde, 1997).

Method

Participants

All research procedures were approved by the relevant institutional review boards and all participants signed a written informed consent. One hundred forty-seven residents from two battered women's shelters completed a baseline assessment while in a shelter and 104 women completed follow-up interviews at 1-week, 3-months, and 6-months postshelter (71% retention). Given the variation in length of shelter stay, the 1-week follow-up occurred an average of 67.28 days from the baseline interview. The current report only includes data

from those participants who met criteria for current IPV-related PTSD or subthreshold PTSD, i.e., met Criteria A (IPV exposure), B (reexperiencing), E (duration of at least 1 month), and F (significant distress or impaired functioning), as well as either C (avoidance) or D (arousal; Stein et al., 1997).

Measures

The Clinician Administered PTSD Scale (CAPS; Blake et al., 1995) was used to assess IPV-related PTSD diagnosis and past-week symptom severity. Interrater reliability was assessed for 21 randomly selected interviews for CAPS-derived PTSD diagnoses ($\kappa = .83$). The total modes scoring procedure of the Revised Conflict Tactic Scales (CTS2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996) was used to assess IPV severity (i.e., overall severity, and severity of psychological, physical, sexual, and abuse with injury) prior to shelter and over the last month for each follow-up, as well as cessation of abuse over follow-up ($\alpha = .94$). Participants were also asked at 1-week postshelter if they had reunited with their abuser. The Conservation of Resources Evaluation (Hobfoll & Lilly, 1993) was used to measure loss of personal and social resources in the past month ($\alpha = .90$). All measures were given at each time point and have established reliability and validity.

Procedures

Participants were recruited from two inner-city battered women's shelters that provided physical shelter and safety, a supportive milieu, and case management. To participate, shelter residents contacted a confidential research line. Inclusion criteria included endorsed IPV on the CTS2 and PTSD or subthreshold PTSD on the CAPS. Trained research assistants interviewed participants. Baseline interviews occurred in a private room at the shelter. Follow-up interviews were conducted at safe, private locations convenient for the participants at 1-week, 3-months, and 6-months postshelter.

Results

Seventy-nine shelter residents from the larger sample met diagnostic criteria for IPV-related PTSD ($n = 68$; 86.1%) or subthreshold PTSD ($n = 11$; 13.9%). Participant age ranged from 20 to 59 ($M = 34.63$, $SD = 8.42$). A majority of participants were African American ($n = 44$; 55.7%) or Caucasian ($n = 28$; 35.4%), with 7 (8.9%) women self-identifying as Hispanic. A majority of women ($n = 41$, 51.9%) had a high-school diploma or equivalent, were unemployed ($n = 58$; 73.4%), and received government assistance ($n = 54$; 68.4%). Participants experienced significant IPV, with 98.7% reporting experiencing physical abuse, 100% psychological abuse, 96.2% abuse with injury, and 81% sexual coercion. At the baseline assessment, participants had been in shelter an average of 15.73 ($SD = 10.48$) days.

Sixty-three (79.7%) participants met criteria for PTSD or subthreshold PTSD 1-week postshelter, 55 (69.5%) 3-months postshelter, and 46 (58.2%) 6-months postshelter. Thirty (38%) participants' PTSD symptoms remitted sometime over the 6-month follow-up and remained remitted, 12 (15.2%) participants' symptoms remitted and then reoccurred over the 6-month follow-up, and 37 (46.8%) participants' symptoms never remitted over the 6-month follow-up period.

Because of the small sample and insufficient power to compare the remission, remission-and-relapse, and no-remission groups, participants whose PTSD did not remit or remitted and relapsed were combined into one group (i.e., chronic; $n = 49$) and compared to those participants whose PTSD remitted over the 6-month follow-up (i.e., remission; $n = 30$). Chi-square analysis revealed that the rate of chronic PTSD was higher than expected ($n = 49$), $\chi^2(N = 79, 1) = 4.570, p = .033$.

A multivariate analysis of variance (MANOVA) was conducted comparing the chronic and remission groups on baseline PTSD and violence severity, resource loss, and length of shelter stay. A significant multivariate effect was found, Wilks's $\lambda = 0.826, p = .006$. Follow-up univariate analyses revealed significant differences for PTSD severity, $F(1, 77) = 8.95, p = .004$, and resource loss, $F(1, 77) = 8.13, p = .006$ (see Table 1). No significant differences were found on violence severity or length of shelter stay. A second MANOVA was conducted comparing the chronic and remission groups on baseline severity of physical, psychological, abuse with injury, and sexual coercion. No significant multivariate or univariate effects were found (all $ps > .05$). Chi-square analyses revealed no significant differences in the proportion of women with abuse cessation over follow-up between the chronic (24.5%) and remitted groups (43.3%), $\chi^2(N = 79, 1) = 3.054, p = .081$. A significantly greater proportion of women with chronic PTSD, however, reunited with their abuser after leaving a shelter (22.4%) relative to those whose PTSD remitted (3.3%), $\chi^2(N = 79, 1) = 5.278, p = .022$.

Discussion

Consistent with prior research (Blasco-Ros et al., 2010; Krause et al., 2008; Mertin & Mohr, 2001), this study found evidence for a natural recovery of PTSD over time, in that fewer women met criteria for IPV-related PTSD or subthreshold PTSD at each follow-up point. More women than expected by chance, however, experienced chronic PTSD ($n = 49$). Results also showed that IPV victims who experienced a remission of IPV-related PTSD over follow-up were significantly less likely than were women with chronic PTSD to reunite with their abuser after leaving a shelter, to report less loss of personal and social resources, as well as fewer PTSD symptoms while in a shelter.

Our findings that 62% of women experienced chronic PTSD, 58.2% met criteria for PTSD or subthreshold PTSD 6 months after leaving a shelter, and that women who failed to remit over follow-up had more-severe IPV-related PTSD while in a shelter are consistent with prior research demonstrating the chronicity of PTSD (e.g., Zlotnick et al., 2004). Given that battered women's shelters are time-limited resources, offering treatment of IPV-related PTSD may improve residents' ability to effectively use shelter resources and establish safety. Moreover, our finding that IPV victims with chronic PTSD experienced greater loss of personal and social resources is consistent with conservation of resource theory (Hobfoll & Lilly, 1993) and highlights the importance of minimizing loss of support and material resources in sheltered battered women.

Our finding that overall abuse severity, revictimization over follow-up, and severity of psychological abuse were not associated with chronic PTSD is inconsistent with prior

research (e.g., Blasco-Ros et al., 2010). Our finding, however, that women who did not reunite with their abuser after leaving shelter were more likely to recover from PTSD suggests that perhaps in our sample of women with relatively severe abuse, ongoing contact with the abuser is most salient.

Limitations of this study include a small sample size, limiting the types of analyses that are possible, most notably our ability to explore factors related to remission and relapse of PTSD over follow-up. Further, follow-up data were collected at discrete time-points, and only occurred up to 6-months post-shelter. Findings may not generalize to women who do not seek shelter. Strengths of this study include the longitudinal design, use of standardized interviews to assess both occurrence and severity of IPV-related PTSD, and a well-defined sample with IPV-related PTSD or subthreshold PTSD. Results of this research, albeit preliminary, highlight the need for both the provision of personal and social resources, as well as mental health treatment for this very vulnerable group of women.

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Table 1
Comparison of Remission and Chronic Groups Over 6-Month Follow-Up

Variable	Remission (<i>n</i> = 42)		Chronic (<i>n</i> = 37)		Partial η^2
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Violence severity	19.70	6.14	21.22	6.56	.013
PTSD severity	53.00	20.44	68.22	22.82	.104**
Resource loss	49.80	30.17	70.57	32.16	.095**
Length of shelter stay	56.13	36.42	72.96	71.32	.018

Note. *N* = 79.

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 $p < .01$.