Psychological Distress and Burden Among Female Partners of Combat Veterans With PTSD


**SUMMARY:** Caring for a loved one with posttraumatic stress disorder (PTSD) can be stressful and a large burden on caretakers. Relationships between Veteran PTSD symptoms and partner perceived threat, mental health, treatment involvement, burden, and distress were examined in partners of Veterans receiving outpatient Veterans Affairs (VA) PTSD treatment. Partners reported very high levels of distress and burden, especially those with lower self-efficacy and partnered with Veterans with high PTSD symptoms.

**KEY FINDINGS:**
- Partners of Veterans with PTSD reported high levels of distress, and rated anxiety, depression, somatic symptoms, and overall psychological distress as high as or higher than 90% of people.
- Many partners reported suicidal ideation (15%) and felt physically threatened by their Veterans (60%).
- Partners who were less involved in Veteran treatment and who perceived more emotional, physical, or relationship threat had the highest levels of psychological distress.
- The largest caretaker burden was felt by partners with low self-efficacy, high Veteran treatment involvement, high perceived threat, and high PTSD symptom severity of their Veteran.

**IMPLICATIONS FOR PROGRAMS:**
- Educate Service members about healthy communication techniques and mental health resources in order to prevent physical harm or abuse toward partners
- Offer workshops that teach self-care skills for military partners
- Provide support groups for military partners caring for Service members with PTSD

**IMPLICATIONS FOR POLICIES:**
- Encourage the incorporation of partners into the planning of Veteran mental health care
- Continue to support programs that provide education, resources, and social support for caretaker partners of Service members with PTSD
- Recommend education about the stressors and burdens of Service members’ partners and caretakers for professionals working with military families

This product is the result of a partnership funded by the Department of Defense between the Office of Military Community and Family Policy and the USDA’s National Institute of Food and Agriculture through a grant/cooperative agreement with The University of Minnesota.

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METHODS

- Veterans and their partners were recruited from two VA outpatient PTSD treatment groups via information sheets provided at a clinic visit, with 89% agreeing to participate.
- Veterans completed a PTSD symptom measure; partners completed questionnaires about involvement in treatment and their own and their Veteran's mental health and distress.
- Relationships between partner psychological distress, Veteran symptoms and severity, partner perceived threat to self, partner treatment involvement, and partner burden were examined.

PARTICIPANTS

- Participants included 89 cohabitating female partners (M = 52, SD = 5.8) of Veterans with PTSD.
- Partners were primarily White (51%) and married (92%).
- A significant minority of partners had received mental health treatment in the past six months (28%).

LIMITATIONS

- Without measures of Veteran and partner distress, adjustment, or mental health symptoms prior to the development of Veterans' PTSD, the direction of effects cannot be inferred.
- Because all Veterans were male and attending treatment, results may not generalize to other populations of Veterans with PTSD.
- Veterans and partners who agreed to participate may have differed from those who did not participate, including differences in PTSD severity or partner distress and burden.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Examine whether programs that reduce partner burden or increase self-efficacy result in more positive outcomes (e.g., symptom reduction, relationship satisfaction) for Service members
- Explore whether including Service members' partners or other family members in mental health treatment planning improves partner burden, treatment adherence, or symptom reduction
- Compare partner burden and distress between partners of Active Duty and Veteran Service members with PTSD

ASSESSING RESEARCH THAT WORKS

Design
- Appropriate Research Plan and Sample

Methods
- Appropriate Measurement and Analysis

Limitations
- Few

For more information about the Assessing Research that Works rating scale visit:
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