VA WOMEN'S HEALTH RESEARCH NETWORK

Supporting Practice and Research Collaboration

Spotlight on Women's Health Cyberseminar Series

Intimate Partner Violence (IPV) Experience among Women Veterans: An Overview of the State of the Research

Sponsored by the VA Women's Health Research Network

WHRN@va.gov

Today's Speakers

Katherine (Kate) Iverson, PhD
Clinical Research Psychologist,
NCPTSD, Boston VAHCS,
Associate Professor, Psychiatry at Boston University Chobanian & Avedisian School of Medicine
Speaker

Melissa Dichter, PhD, MSW
Health Services Researcher, VA Center for Health Equity Research and Promotion
Associate Professor, Social Work, School of Public Health, Temple University
Speaker

Today's Discussant

LeAnn Bruce, PhD, LCSW

National Program Manager, Intimate Partner Violence Assistance Program (IPVAP)

U.S. Department of Veterans Affairs

Intimate Partner Violence (IPV) Experience among Women Veterans: An Overview of the State of the Research

Katherine (Kate) Iverson, PhD[1,2,3] & Melissa E. Dichter, PhD, MSW[4,5]

[1]Women's Health Sciences Division of the National Center for PTSD at the VA Boston Healthcare System

[2]VA HSR Center for Healthcare Organization Implementation Research at the VA Boston Healthcare System

[3]Department of Psychiatry, Boston University Chobanian and Avedisian School of Medicine

[3]VA HSR&D Center for the Study of Healthcare Innovation, Implementation, & Policy

[4]VA HSR Center for Health Equity Research & Promotion, Corporal Michael J. Crescenz VA Medical Center

[5]Temple University School of Social Work

National Center for PTSD
POSTTRAUMATIC STRESS DISORDER

CHOIR
Center for Healthcare Organization and Implementation Research

CHERP
Center for Health Equity Research and Promotion
VA HSR&D Center of Innovation

TODAY'S AGENDA

Scope of the problem among women Veterans

- Definition and types
- Prevalence and risk factors
- Health and social impacts

Healthcare system response

- Women Veterans' perspectives on screening and response
- Women Veterans' insights on psychosocial intervention to promote recovery & healing
- Recovering from IPV through Strengths and Empowerment (RISE)

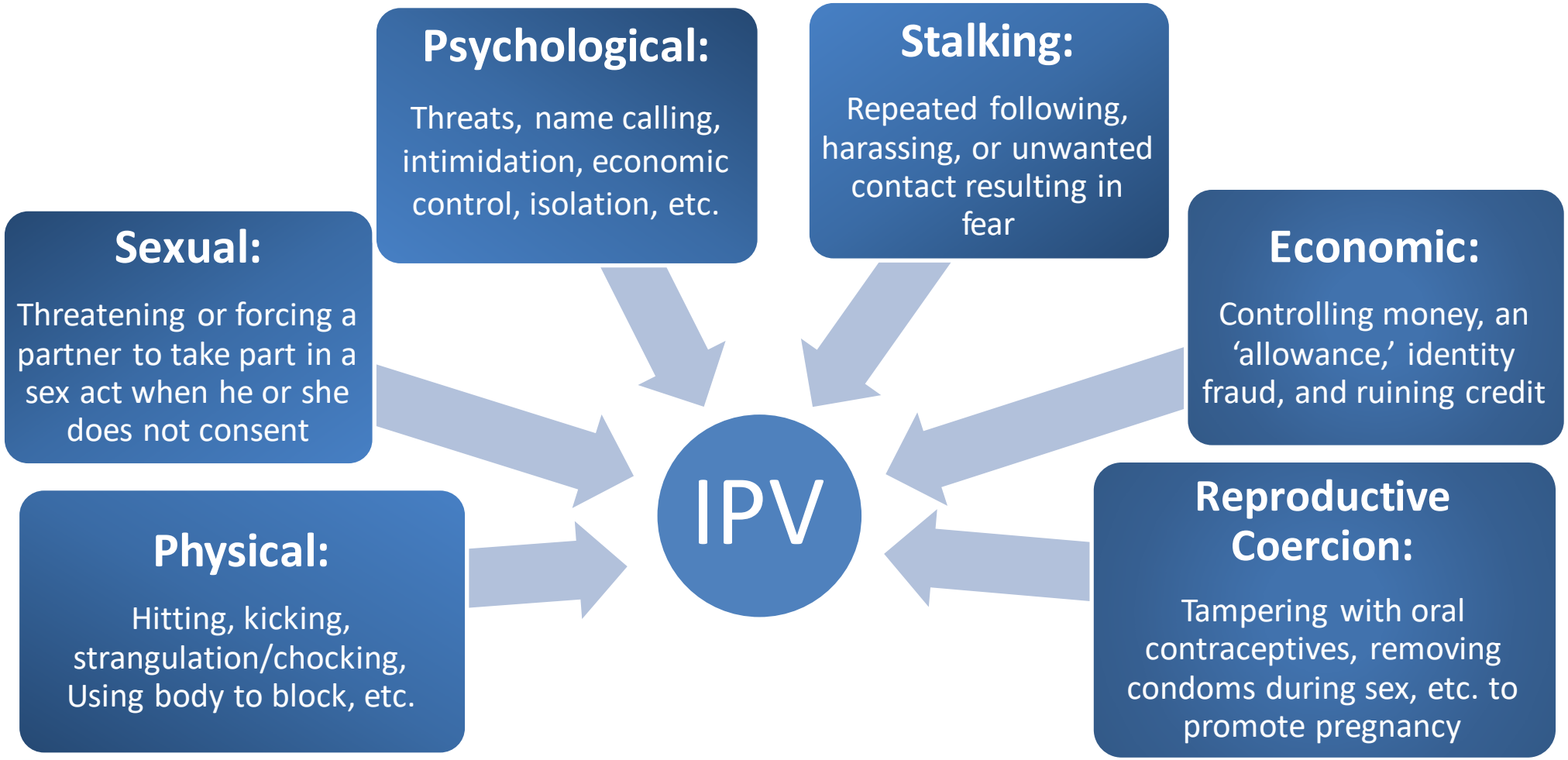
Ongoing research and evaluation

Discussion of implications by Dr. LeAnn Bruce

Q&A

IPV DEFINITIONS AND TYPES

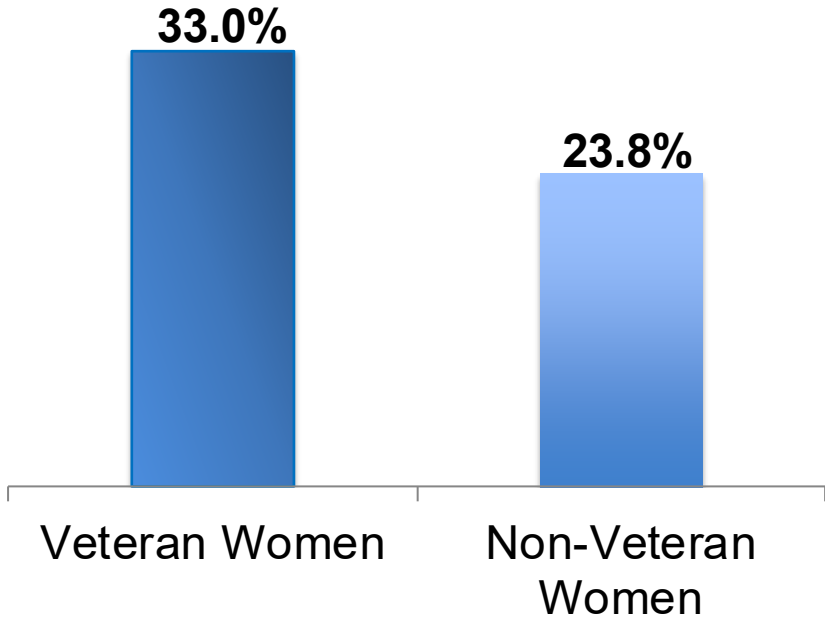
Physical violence, sexual violence, stalking or psychological aggression (including controlling and coercive acts) from a past or current intimate partner



U.S. Department of Veterans Affairs

IPV Prevalence and Risk Factors among Women Veterans

IPV IS COMMON AMONG WOMEN VETERANS

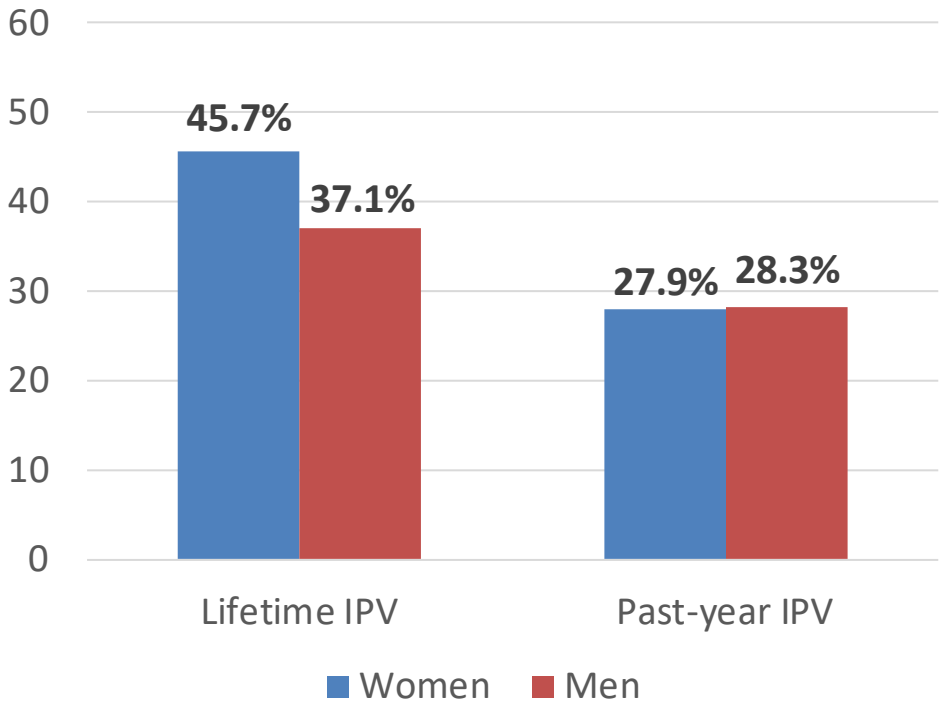


Women Veterans are 1.6 times more likely to experience IPV during their lifetime compared to women who never served in the military

Dichter, Cerulli, & Bossarte (2011). *Women's Health Issues.*

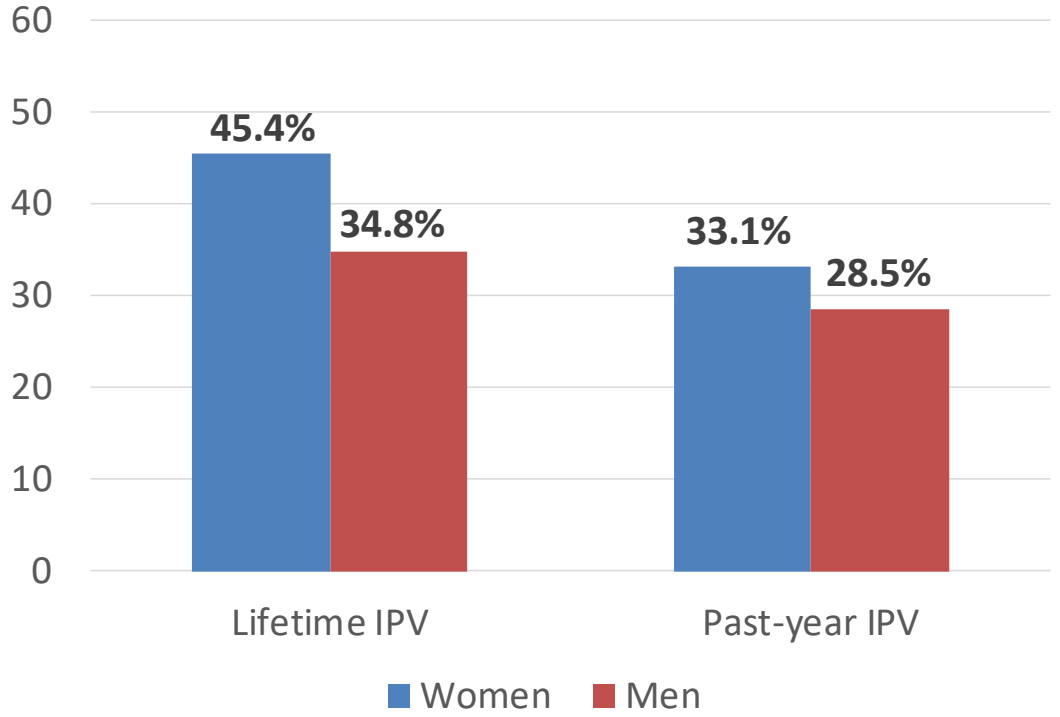
RECENT PREVALENCE ESTIMATES

Veterans of All Service Eras (N =1187)



*Lifetime: OR = 1.38, CIs: 1.04, 1.82
Past-year: OR = 0.95, CIs: 0.70, 1.28

Recently Separated Post-9/11 Veterans (N =1494)



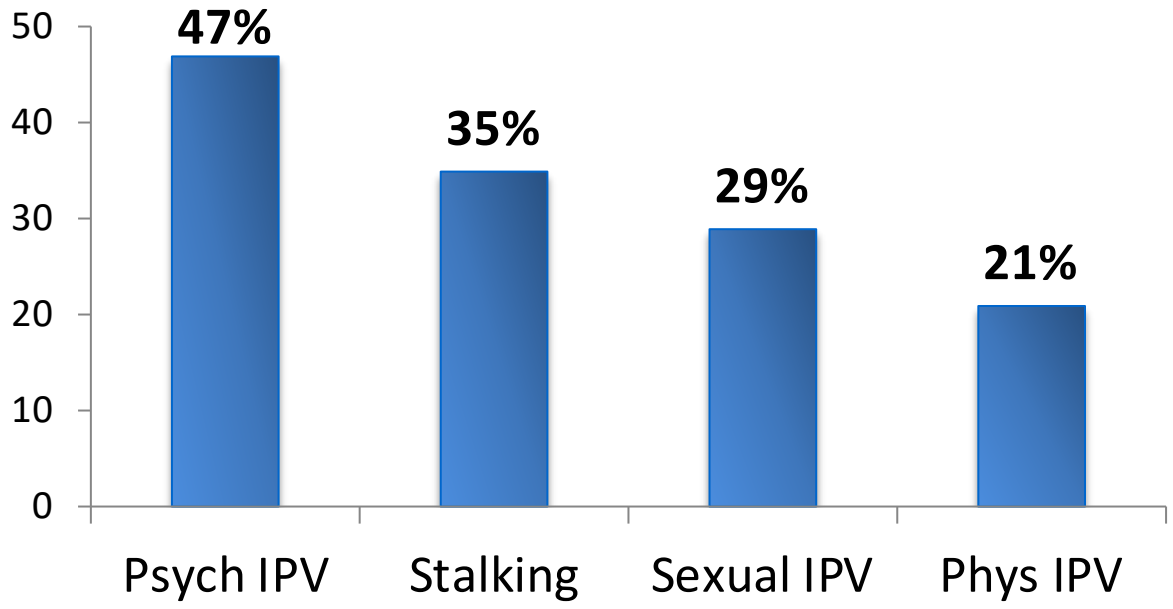
*Lifetime: OR = 1.60, CIs: 1.25, 2.04
Past-year: OR = 1.24, CIs: 0.95, 1.61

Iverson, Livingston, Vogt, et al. (2024). *J. of General Internal Medicine.*

TYPES OF IPV EXPERIENCES

National sample of women Veterans – 55% experienced any IPV during their lifetime and 30% experienced IPV in the past year[1]

Types of IPV experienced during lifetime*



Types of IPV experienced during the past year*

- **28%** psychological violence
- **14%** physical violence
- **11%** sexual violence

*IPV types are not mutually exclusive

Iverson, Wiltsey-Stirman, Street et al. (2016). *General Hospital Psychiatry.*

FACTORS ASSOCIATED WITH INCREASED RISK FOR IPV AMONG WOMEN VETERANS

- Younger age[1-4*]
- Lesbian or bisexual orientation[3,4,10,14]
- Financial hardship[3]
- Housing instability/homelessness[3,5,11]
- Military sexual trauma[2,3,6,13]
- Childhood sexual abuse[6]
- PTSD and depression symptoms[7,8,12]
- Low self-efficacy and personal empowerment[8,9]

Can be impacts and risk factors

[1]Iverson, King, Resick et al. (2013). *J. of General Internal Medicine;* [2]Dichter, Haywood, Butler et al. (2017). *American J. of Preventative Medicine;* [3]Kimerling, Iverson, Dichter, et al. (2016) *J. of General Internal Medicine;* [4] Dardis, Shipherd, & Iverson (2016). *Women & Health;* [5]Iverson, Sayer, Meterko, et al. (2020). *J. of Interpersonal Violence* [6]Iverson, Mercado, Carpenter, et al. (2013) *J. of Traumatic Stress;* [7]Iverson, Rossi, Nillni, et al. (2022). *International J. of Environmental Research and Public Health;* [8]Webermann, Dardis & Iverson (2022). *J. of Traumatic Stress* (2022); [9]Dardis, Dichter, & Iverson (2018). *Psychiatry Research.* [10]Webermann, Dardis,, Shipherd, et al. (2023). *J. of Aggression, Maltreatment & Trauma;* [11]Montgomery, Sorrentino, Cusack, et al. (2018). *American J. of Preventive Medicine;* [12]Iverson, Dardis, Grillo, et al. (2019). *Comprehensive Psychiatry.* [13]Relyea, Portnoy, Combellic et al. (2020). *J. of Family Violence.* [14]Iverson, Livingston, Vogt et al. (2024). *J. of General Internal Medicine.*

VA | U.S. Department of Veterans Affairs

IPV Health Impacts Among Women Veterans

PHYSICAL HEALTH CORRELATES AND OUTCOMES

- Injury, including concussions / traumatic brain injuries[1-4]
- Poorer physical health[1-7]
- Functional impairment[1,6,7,11]
- Migraines and chronic pain[8-11]
- Infectious diseases[2]
- Digestive system disorders[2]
- Hypertension[7]
- Diabetes[7]
- Pregnancy and perinatal health impacts[12,13]

[1]Iverson & Pogoda (2015). *Medical Care;* [2]Dichter & Marcus (2013). *Military Behavioral Health*; [3]Iverson, Dardis, & Pogoda (2017). Comprehensive Psychiatry; [4]Iverson, Dardis, Grillo, et al. (2019). Comprehensive Psychiatry; [5]Iverson, King, et al. (2013), JBIM; [6]Iverson, Vogt, Maskin, et al. (2017). *Medical Care;* [7]Gibson, Bahorik, Xia, et al. (2023). *JBIM;* [8]Dichter, Marcus, Wagner, et al. (2014*). Social Work in Mental Health*; [9]Mahoney, Shayani, & Iverson (2022). *Psychiatry Research*; [10]Goldstein, Jakubowski, Huang, et al. (2023). *Menopause;* [11]Kim, Currao, Fonda et al. (2022). *J. Aggression, Maltreatment & Trauma*; [12]Rosenfeld, Miller, Zhao et al. (2018). *American J. Obstetrics and Gynecology;* [13]Creech, Pulverman, Kroll-Desrosiers, et al. (2021). *J. of General Internal Medicine*.

MENTAL HEALTH CORRELATES AND OUTCOMES

- PTSD[1-4,8,9]
- Depression[3,5-9]
- Anxiety[3,4]
- At-risk drinking / alcohol use disorders[3,4,7,10-12]
- Substance use disorders[12,13,14]
- Sleep disturbances[12,13,16]
- Eating disorders[3,15]
- Suicidal ideation and behavior[4,16]
- Mental health multimorbidity[3,7]

IPV is an experience, not a diagnosis or mental health condition

[1]Pierce, Fonda, Milberg et al. (2022). *J. Interpersonal Violence*; [2]Dardis, Amoroso, & Iverson (2017). *Psychological Trauma*; [3]Dichter, Sorrentino, Bellamy et al. (2017). *J. Traumatic Stress;* [4]Kim, Currao, Fonda et al. (2022). *J. Aggression, Maltreatment & Trauma;* [5]Dichter & Marcus (2013). *Military Behavioral Health*; [6]Dichter, Marcus, Wagner, et al. (2014). *Social Work in Mental Health*; [7]Iverson, Vogt, Dichter, et al. (2015). *J. of American Board of Family Medicine*; [8]Iverson, Vogt, Maskin et al. (2017). *Medical Care*; [9]Iverson & Pogoda (2015). *Medical Care*; [10]Iverson & Mahoney (2020). *J. Women's Health*; [11]Gobin, Green, & Iverson (2015), *Substance Use & Misuse*; [12]Iverson, Dardis, Grillo et al. (2019). *Comprehensive Psychiatry*; [13]Gibson et al. (2023). *J. of General Internal Medicine*. [14]Iverson, Sayer, Meterko et al. (2020). *J. Interpersonal Violence*; [15]Bartlett, Iverson, & Mitchell *(2017). International J. of Eating Disorders.* [16]Brignone, Sorrentino, Roberts et al. (2018). *General Hospital Psychiatry*

IPV IS ALSO ASSOCIATED WITH…

- Employment-related difficulties (e.g., absenteeism)[1]
- Difficulties with reintegrating into civilian life[2,3]
- Lower perceived social support[2]
- Economic / financial stress[3,4]
- Housing instability / homelessness[3,6,7]
- Future IPV experience[8,9]

[1]Maskin, Iverson, Vogt et al. (2019). *Psychological Trauma;* [2]Kim, Currao, Fonda, et al. (2022). *J. Aggression, Maltreatment, & Trauma;* [3]Iverson, Sayer, Meterko, et al. (2020). *J. Interpersonal Violence;* [4]Dichter, Marcus, Wagner, et al. (2014). *Social Work in Mental Health;* [5]Kimerling, Iverson, Dichter et al. *(2016). J. of General Internal Medicine.* [6]Dichter, Wagner, Borrero, et al. (2017). *Psychological Services*; [7]Montgomery & Dichter (2018). American J. of Public Health; [8]Mahoney & Iverson (2020). J. of Women's Health; [9]Iverson, Rossi, Nillni et al. (2022). International J. of Environmental Research and Public Health.

HEALTH SERVICE USE

Women Veterans who experience IPV use a higher volume of VHA care across a range of services (compared with women Veterans not experiencing IPV), including:

- Primary care[1,2]
- Emergency room care[2] (both for medical problems and mental health care for women with severe physical IPV)[3]
- Mental health visits[2-4]

Healthcare visits present opportunities for intervention

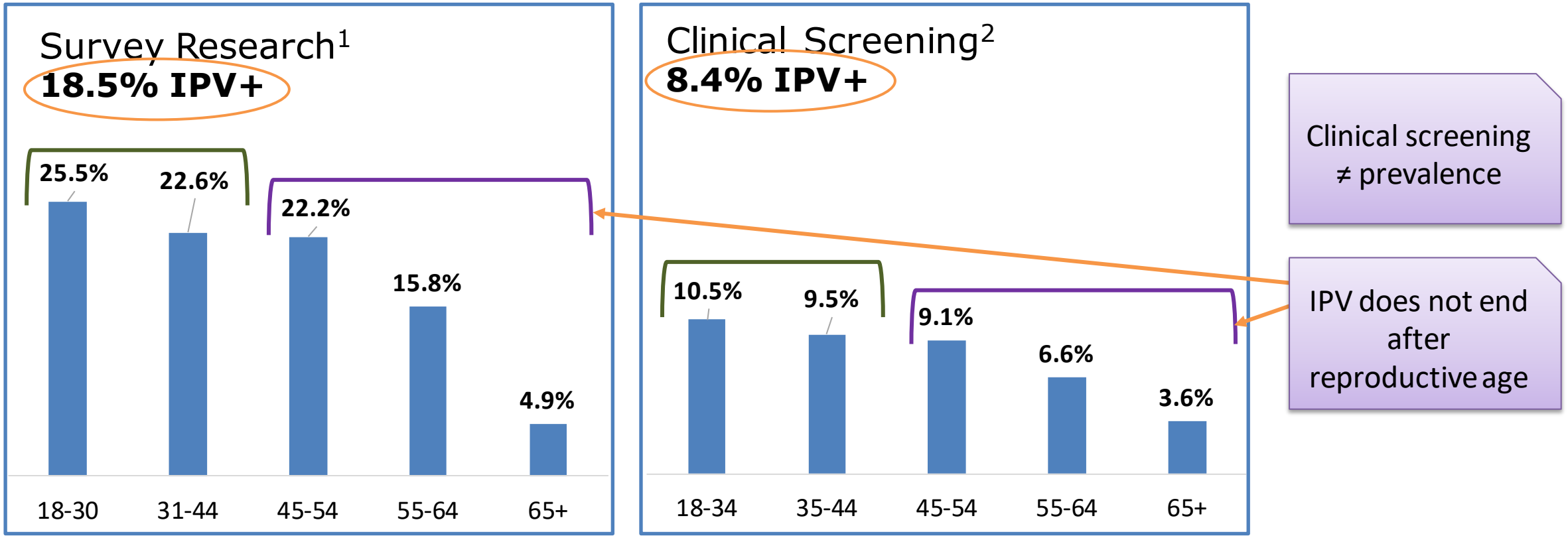
[1]Kimerling, Iverson, Dichter, et al. (2016). *JGIM*; [2]Dichter, Sorrentino, Haywood, et al. (2018). *JGIM*; [3]Iverson & Pogoda (2015) *Medical Care*. [4]Creech, Pulverman, Kroll-Desrosiers, et al. (2021). *JGIM.*

U.S. Department of Veterans Affairs

Women Veterans' Preferences for Care: What Women Veterans Tell Us About IPV Screening and Response

PREVALANCE OF PAST-YEAR IPV: SURVEY RESEARCH VS CLINICAL SCREENING DISCLOSURE RATES

Women Receiving VHA Care, by Age (years)



[1]Kimerling, Iverson, Dichter et al. (2016) *J. of General Internal Medicine*; [2]Dichter, Haywood, Butler, et al. (2017). *J. of Traumatic Stress*.

IPV SCREENING AND INQUIRY

Acceptability and desirability **if** it is done in a **trauma-informed** way[1-5]

- *Quality* of interaction – patient-centered and trauma-informed
  - Making it safe to disclose
- *Quantity* of inquiry – routine, and more than once, but not without care
- Recognize barriers to disclosure
  - Fear of safety and/or repercussions for self/partner/children
  - Lack of trusting relationship with the provider
  - Not ready to disclose/seek help
  - Shame, stigma, and/or embarrassment
  - Privacy, and documentation concerns
- Respond with sensitivity and offer to help

"It's a private matter. It's an embarrassing situation."

[1]Iverson, Huang, Wells et al. (2014). *Research in Nursing & Health.* [2]Dichter, Wagner, Goldberg et al. (2015). *Women's Health Issues*. [3]Dichter, Ogden, Tuepker et al. (2021). *J. of General Internal Medicine*. [4] Dichter, Makaroun, Tuepker et al. (2020). *J. of General Internal Medicine.* [5]Tuepker, Newell, Sorrentino et al. (2023). *J. of Aggression, Maltreatment & Trauma*.

THE QUALITY OF THE CLINICAL INTERACTION MAKES ALL THE DIFFERENCE

Women need to feel that they can trust the clinician – lack of comfort or trust will inhibit disclosure.

"They've got to show me that they're a human being first before I would even go there. …If I got a new primary physician tomorrow and if he asked me about that, I probably wouldn't tell him anything. But once I had seen him a couple of times, then I would, at some point….It's like I've got to wait to test them. To see whether, do I want to trust this person with this?"

It is important to feel that the clinician cares, not just asking because they have to.

"The whole time, her head was down typing or writing and it was like, why are you asking me these questions? It's not like you even care as to what the answer is. You're just doing it because this is something you have to do. You have to ask these questions."

Dichter, Makaroun, Tuepker, True, Montgomery, & Iverson, 2020, *Journal of General Internal Medicine*

THE IMPORTANCE OF PROVIDER RESPONSE

Inadequate or inappropriate clinical response can lead to harms (e.g., shame, self-blame, mistrust, minimization, avoidance of future disclosure or help-seeking)[1-4]

- *"You can't make the woman answer...but if she tells you and you don't follow up, then in the back of her mind, she's saying, Well, I told them and they don't seem to care...I guess it's just like he says. I deserve it."[1]*
- *"When I go to the women's health… it come to the question are you experiencing any physical violence at home from a partner or someone, which I say yes, and that's it. They just document it in the computer. And I don't get nothing from the doctor, no domestic, like you said, counselor or nothing like that. That's it . . .[so] – I stopped telling him because I mean I don't see what the point of saying it."[2]*

There must be a notable and compassionate response to any disclosure[1-4]

- Non-judgmental and connected/'tuned in'
- Sensitive acknowledgement and validation
- Offer education and information about resources and referrals
- Optimize safety and privacy (e.g., patient-centered documentation)
- Respect for autonomy and self-determination

[1]Iverson, Huang, Wells et al. (2014). *Research in Nursing & Health.* [2]Dichter, Makaroun, Tuepker et al. (2020). *J. of General Internal Medicine;* [3]Dichter, Ogden, Tuepker et al. (2021). *J. of Women's Health.* [4]Tuepker, Newell, Sorrentino et al. (2023). J. *of Aggression, Maltreatment, and Trauma*.

DISCLOSURE TO A SUPPORTIVE AND CARING CLINICIAN CAN FEEL VALIDATING AND EMPOWERING

"It felt good [to talk about it]. I felt embarrassed, but it probably was the right time for me to let somebody know what was going on with me."

"When she called me back [to the room], she patted my knee and asked me how I was and how are things at home. … I didn't feel like I was interrogated. It just felt my best friend asking me, "Okay, what's going on with you?" So I think it's the person, I think it's the way the questions are set up, and it's the presentation. …I feel like I'm talking to people who honestly care who have been my friends for a lifetime and I'm able to be open and honest….if you make things where people feel like they're interrogated, then we're less likely to say anything. Because it's like okay, how are you going to look at me, what are you going to write about me, what are you going to think about me, what are you going to say about me. All these things run through your head, so then it makes you worry about what you're gonna say. But if you have that right person, it makes it comfortable to talk about it. Because believe it or not, we all wanna talk about it but it has to be the right person."

Dichter, Makaroun, Tuepker,et al. (2020). *Journal of General Internal Medicine*

THE VHA AS A CRITICAL POINT OF CARE FOR WOMEN VETERANS

"When a Veteran has nowhere else to go, they come here. When people need or have an emergency, they come here. When people are hungry – Veterans, they come here. When they have a secret, they come here. When they wanna talk to another Veteran, they come here. This is a home away from home. This is home to them."

"[My VA primary care provider] was so great. When she realized how bad things really were, she immediately got on the phone. She talked to the social worker, told her how much it was a dire necessity for me to see her. The social worker fit me right in that same day. I went to talk to the social worker…She made me feel absolutely comfortable ."

Tuepker, Newell, Sorrentino, et al. (2023). *J. of Aggression, Maltreatment & Trauma*.

DOCUMENTATION CONSIDERATIONS

- Benefit: documentation of experience, continuity of care
- Concern: privacy, confidentiality, safety
  - Privacy/stigma → non-disclosure
  - Safety → increase in violence, decrease in healthcare access
- Recommendation: transparency and patient engagement in decisions around documentation – discussion about rationale for and concerns about documentation

"My provider, everything I say to her goes on the record… She's mandated to put everything in the record, she says…. That's a huge alarm. You're gonna put that in a record of the VA with me? No you're not, because I'm not gonna tell you any of it."

"One of these young interns… he brought up the discussion of something that I had discussed with my psychiatrist in privacy… Then I come to find out that any staff member that has a computer can put in my last 4 [digits of my Social Security Number], can read my record. What privacy is that? So after that I was very skeptical… I ain't talking to you if you're typing it up into the machine."

Dichter, Wagner, Goldberg, et al. (2015). *Women's Health Issues*; Iverson, Huang, Wells et al. (2014). *Research in Nursing and Health*; Dichter, Makaroun, Tuepker, et al. (2020*). J. of General Internal Medicine*.

ADDRESSING IPV IN MENTAL HEALTH SERVICES / PSYCHOTHERAPY

- IPV is not, itself, a mental health condition, yet IPV is associated with myriad mental health impacts (e.g., depression, anxiety, and PTSD, unhealthy substance use and suicidal ideation), and many women Veterans who experience IPV also use or want mental health services[1]
- Women Veterans may need and want both IPV services and mental health care – services may be disconnected[2]
- Women Veterans express wanting:[3]
  - To be able to address their experiences with IPV in the psychotherapy context
  - To have flexibility and self-determination about whether, how, and when to discuss their experiences with IPV
  - Mental health clinicians to understand the dynamics and complexities around IPV and individual contexts and to support them in making decisions (for treatment or actions) that are right for them

[1]Dichter, Haywood, Butler et al. (2017) *J. Prev. Medicine*. [2]Dichter, Iverson, Montgomery et al. (2023). *J. Agg. Malt. Trauma*; [3]Sorrentino, Iverson, Tuepker et al. (2021). *Psychological Services*.

U.S. Department of Veterans Affairs

Recovering from IPV through Strengths and Empowerment (RISE)

RISE WAS DEVELOPED BASED ON WHAT WE LEARNED FROM WOMEN ABOUT WHAT THEY NEED AND WANT

Individualized brief counseling intervention

- Transdiagnostic

Rooted in principles of empowerment and trauma-informed care

- Fosters patient voice and choice
- Sensitive to trauma history and ongoing abuse

Variable length

- Up to 8 sessions based on patient's preference and needs

Modular

- Key areas from the IPV literature and our formative research

Incorporates Motivational Interviewing

- Collaborative and non-judgmental
- Values-driven goal setting

Targets

- Empowerment (i.e., taking control over your own life and making positive decisions based on what you want)
- Self-efficacy (i.e., optimistic self-beliefs to cope with an array of difficult events in life)

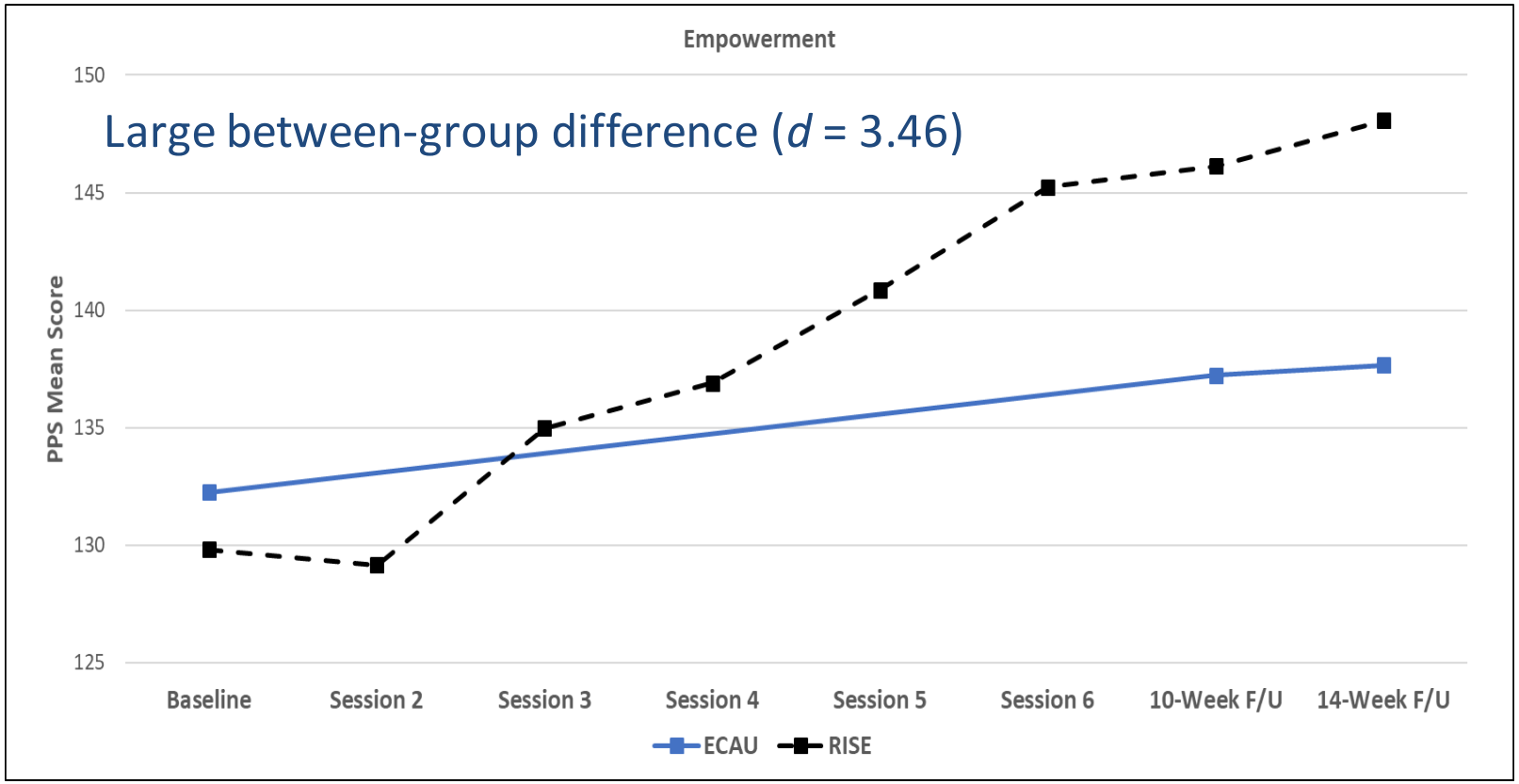
GROWING EVIDENCE BASE FOR RISE

- Developed and refined incorporating research and feedback at every step of its development and evaluation to increase the likelihood timeliness of implementation[1-4]
  - Focuses on outcomes of paramount importance to people experiencing IPV
- RCT established effectiveness of RISE compared to an advocacy-based enhanced care as usual (ECAU) in VHA condition[5,6]
- Evidence of clinical effectiveness in routine care based on early and ongoing program evaluation findings (e.g., self-efficacy, depression symptoms, valued living)[7]
  - Evidence of similar effectiveness and satisfaction for patients of different gender identities
- Perusing grant funding for larger multi-site comparative effectiveness RCT with attention to effectiveness by gender

[1]Iverson, Stirman, Street et al. (2016). *General Hospital Psychiatry*; [2]Danitz, Stirman, Grillo et al. (2019). *BMC Women's Health*; [3]Grillo, Danitz, Dichter, Driscoll et al. (2021). *J. of Interpersonal Violence*; [4]Iverson, Danitz, Driscoll et al. (2022). *Psychological Services*; [5]Iverson, Danitz, Shayani et al. (2022). *J. of Clinical Psychiatry.* [6]Shayani, Danitz, Low, Hamilton, & Iverson (2022). *Int. J. of Environmental Research & Public Health*; [7]Iverson, Danitz, Low, Knetig, Doyle, & Bruce (2022). *International J. of Environmental Research and Public Health.*

KEY RCT FINDINGS

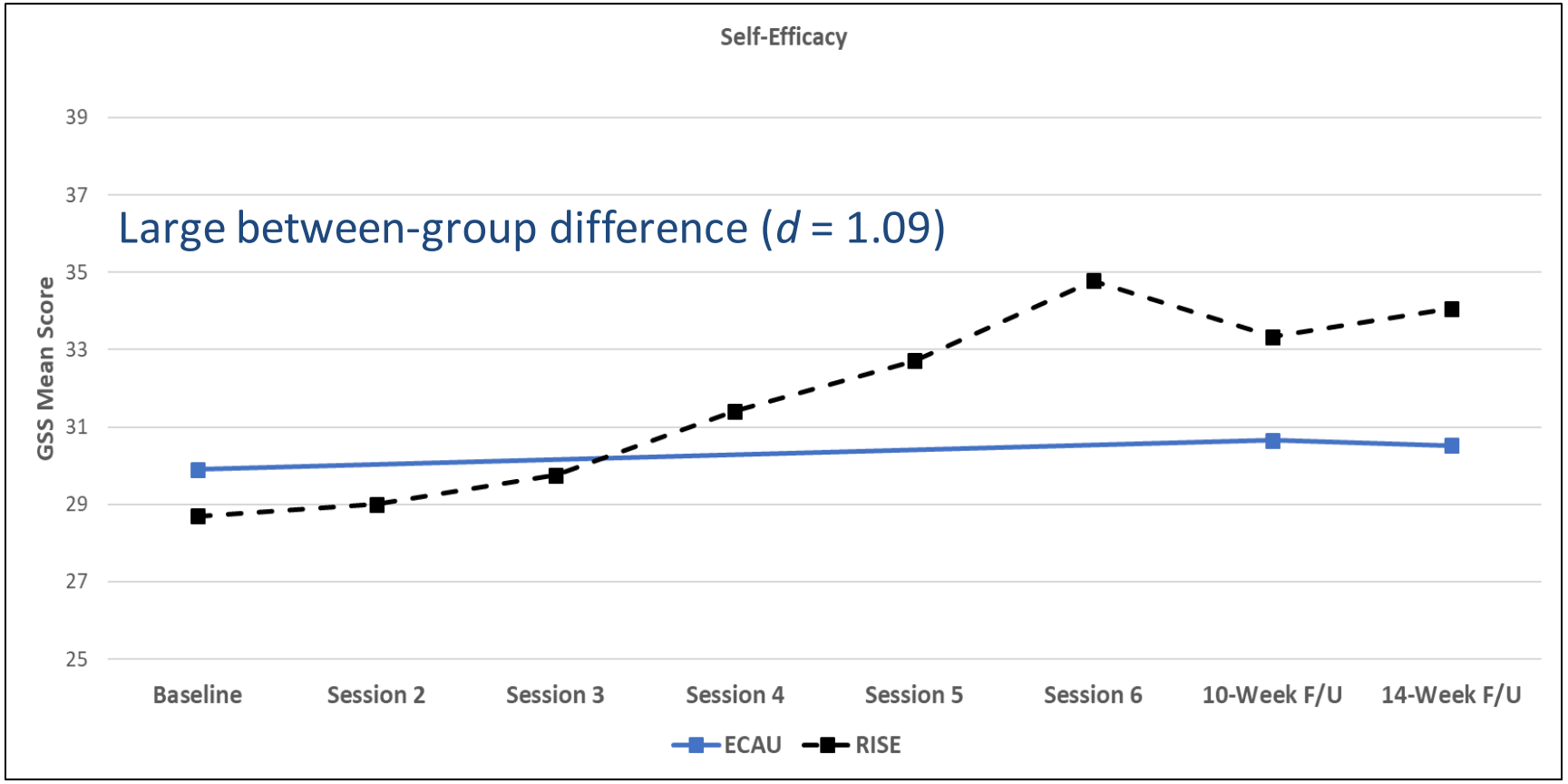
RISE is highly effective at improving personal empowerment (PPS-R)



Empowerment – Taking control over your own life and making positive decisions based on what you want

KEY RCT FINDINGS

RISE is highly effective at improving self-efficacy (GSS)

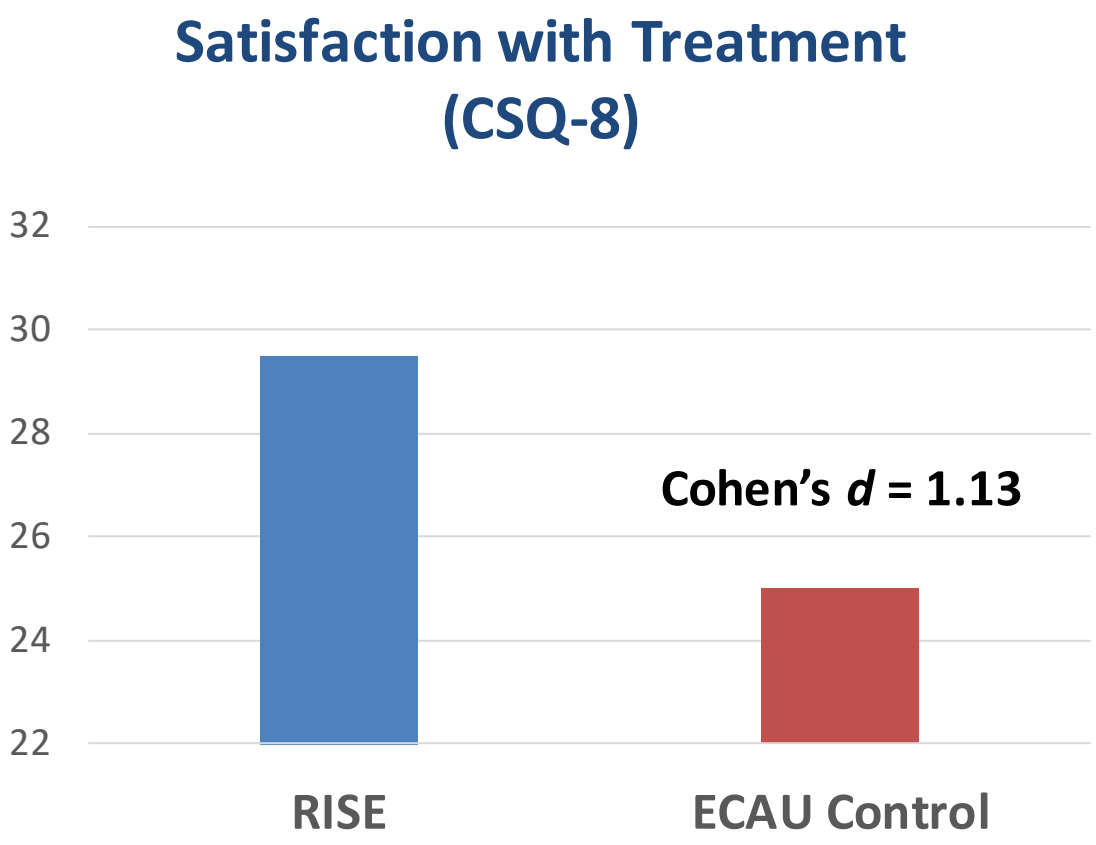


RISE also improves:

- Valued living
- Psychological distress
- IPV experience

Self-efficacy - Optimistic self-beliefs to cope with an array of life difficulties

KEY RCT FINDINGS



"It was very helpful…it was empowering for me to feel that I have more control over things I can work through."
- Woman Veteran

"Often with survivors of IPV, we see that they haven't had much control in their relationships, so being able to provide an intervention that sort of gives them the control and power to choose what to work on at the get-go is really valuable."
- Primary Care Social Worker

CAN WOMEN VETERANS ACCESS RISE IN VHA?

Partnership with IPV Assistance Program to disseminate and implement (D&I) RISE

Pre-implementation (2020-2022)

- Piloted implementation with IPVAP Coordinators at five VA Medical Centers
- Revised RISE for inclusivity and fit for broader VHA population[1]
  - Gender-neutral; Sexual violence module; Expanded to up to 8 sessions for increased flexibility
- Piloted revised training and consultation model and certification process (i.e., to promote fidelity) with multiple clinicians across clinic types at three VA Medical Centers

Implementation via RISE D&I Team (2022 and beyond)

- Began implementing nationally with IPVAP Coordinators and other clinicians (2022)
- Launched RISE Regional Trainer Program (2023)
- Spreading the intervention while promoting sustainment among certified RISE clinicians (2024)

[1]Iverson, Danitz, Low et al. (2022). *Inter J. Environmental Research and Public Health*.

WHERE ARE WOMEN VETERAN VHA PATIENTS RECEIVING RISE?

Recent Metrics:

- **103** VAMCs offering RISE
- **~ 75%** of RISE patients identify as women

= Sites with Certified Providers

= Sites with Clinicians in Consultation

U.S. Department of Veterans Affairs

Ongoing Research / Evaluation

CURRENT VA-FUNDED RESEARCH, QUALITY IMPROVEMENT, & PROGRAM EVALUATION

- Evaluation of implementation facilitation for enhancing uptake of IPV screening programs in women's health primary care clinics[1]
- Development and initial evaluation of bi-directional IPV screener and a novel individualized intervention for IPV use (including bidirectional IPV)[2]
- Evaluation of expansion of IPV screening and response for patients of all ages and genders seen within a wide array of clinics[3]
- IPV Assistance Program Innovation Hub - Center for Implementation, Research, and Evaluation[4]
- RISE D&I Team (75%-78% of RISE patients in VHA are women)[5]
- Additional studies and QI initiatives on IPV use and prevention among veterans and families that include women Veterans and studies on various topics that include measures of IPV experience (including funding by VA CSR and non-VA sources such as DoD)

[1]Iverson & Miller VA HSR SDR 18-150; [2]Portnoy VA HSR CDA 19-234; [3]Portnoy VA QUERI PEC 23-182; [4]Portnoy & Presseau (Directors) VA IPVAP Partnership; [5]Iverson (Director) VA IPVAP Partnership with Women's Health Sciences Division of the National Center for PTSD

FUTURE RESEARCH CONSIDERATIONS

- IPV, health, and health care needs among understudied /underrepresented groups
  - LGBTQ+, BIPOC, etc.
- Dissemination and implementation of best practices
  - Improve clinician knowledge acquisition, efficacy, and uptake of evidence-based screening and interventions and their fidelity to the models (i.e., trauma-informed care)
  - Screening for suicide risk and social health issues
- Optimizing coordination of care within VHA and the community
  - Integration of IPV and suicide prevention, homelessness, employment support services etc.
  - Education of community partners regarding women Veterans and bidirectional referrals
- Innovations in making knowledge about IPV and services more accessible
  - Reducing stigma about getting help
  - Increasing strategies for Veterans to learn about IPV and services that do not depend on screening

ACKNOWLEDGEMENTS

We appreciate this opportunity!

Katherine.Iverson@va.gov

Melissa.Dichter@va.gov

Thank you:

- VA Office of Research and Development, Health Systems Research (HSR)
- VA Women's Health Research Network
- VA Office of Women's Health
- VA Women's Mental Health
- VA IPV Assistance Program

The research presented does not necessarily reflect the views of the Department of Veterans Affairs or the United States Government.

U.S. Department of Veterans Affairs

Dr. LeAnn Bruce

National Program Manager of the VHA IPV Assistance Program, Care Management and Social Work Services

Get Involved!

- ✓ **Subscribe to the VA WHRN Consortium Group Email:** https://varedcap.rcp.vaec.va.gov/redcap/surveys/?s=CDFTRTNJK79PF4YE
- ✓ **Contact** Adriana Rodriguez, PhD, WHRN Consortium Program Manager, at Adriana.Rodriguez3@va.gov or Jessica Friedman, PhD, Jessica.Friedman@va.gov with ideas for future cyberseminars focused on women's health.

VA WOMEN'S HEALTH RESEARCH NETWORK
Supporting Practice and Research Collaboration