

Intimate Partner Violence Among Women Veterans: Informing Patient-centered Care In VHA

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Assessing and Responding to Intimate Partner Violence among Women Veterans (CDA 10-202; PI: Dichter); U.S. Department of Veterans Affairs, Health Services Research and Development Career Development Award, 2011-2016

Patient Self-Administered Social Health Screening in Primary Care: A Pilot Study (PI: Dichter); U.S. Department of Veterans Affairs, VISN 4 Competitive Pilot Project Funding, 2013-2014

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Intimate Partner Violence, Health, and Healthcare Among Female Veterans (CDA 10-029; PI: Iverson); Health Services Research and Development, 2012-2016

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This work does not necessarily reflect the views of the Department of Veterans Affairs or the United States Government.

Poll Question #1

- What is your primary role in VA? (select one)
 - Clinician
 - Current CDA awardee
 - Researcher (not current CDA awardee)
 - Manager, administrator, or policy-maker
 - Other

Poll Question #2

- Which best describes your knowledge of IPV? I am:
 - An expert in this topic
 - Very familiar with this topic
 - A little knowledgeable about this topic
 - Aware of the term
 - Not at all knowledgeable about this topic

Earlier VA HSR&D Cyberseminars Addressing IPV

The Complex Dynamics of Intimate Partner Violence in the Lives of Veterans

April Gerlock, 11/17/2011

Intimate Partner Violence: An Overview for the VA Clinician

Megan Gerber, 11/27/2012

Clinical Utility of an Intimate Partner Violence Screening Tool for Female VA Patients

Kate Iverson, 2/13/2013

Special Populations: Homeless Veterans and Veterans Experiencing Intimate Partner Violence

Melissa Dichter, 11/20/2013

All available at: <http://www.hsrd.research.va.gov/cyberseminars/catalog-search.cfm>

Outline of Today's Presentation

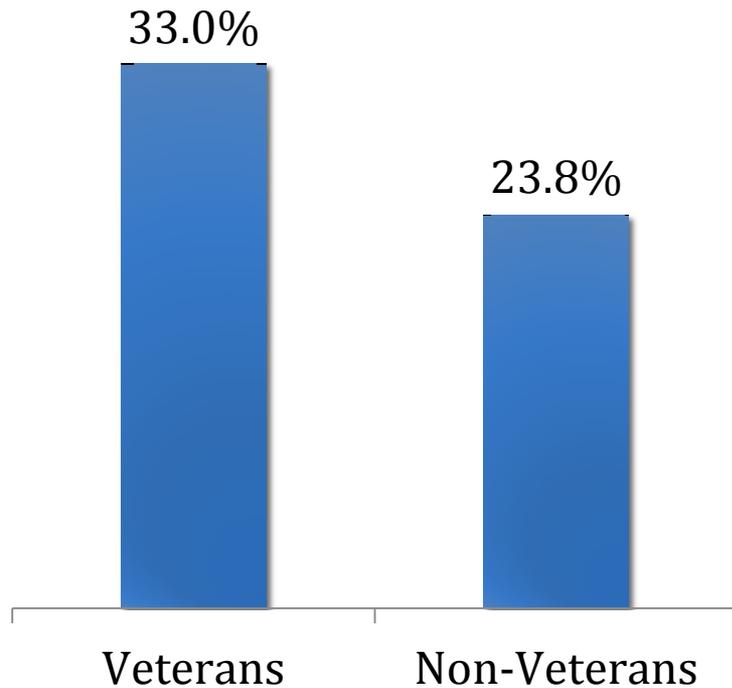
- Introduction: IPV
- Research Findings: IPV among Women Veterans
 - Scope
 - Health and Healthcare Service Use
 - Healthcare System Response
- Research: Next Steps
- Questions and Discussion

Introduction: Background

- IPV includes:
 - **Physical** violence (hitting, punching, stabbing, restraining)
 - **Psychological** violence (threatening, belittling, isolating, economic control)
 - **Sexual** violence (forced or coerced sexual behavior)
 - **Stalking** (*repeated* following, spying, unwanted messages, refusing to stay away)
- IPV can be perpetrated by a *current or former* romantic or sexual partner
- **More than 1 in 3 women in the United States** experience physical violence, rape, or stalking by an intimate partner in their lifetimes
- IPV is a major source of **morbidity** and **mortality** for women

Scope

Lifetime IPV Experience among Women Veterans



Adjusted odds ratio, controlling for age, race, education, and income:
1.55 (CI = 1.07, 2.26)

Dichter, M. E., Cerulli, C., & Bossarte, R. M. (2011). Intimate partner violence victimization among women veterans and associated heart health risks. *Women's Health Issues, 21*, S190-S194

Lifetime and Past-Year IPV among Female Veterans

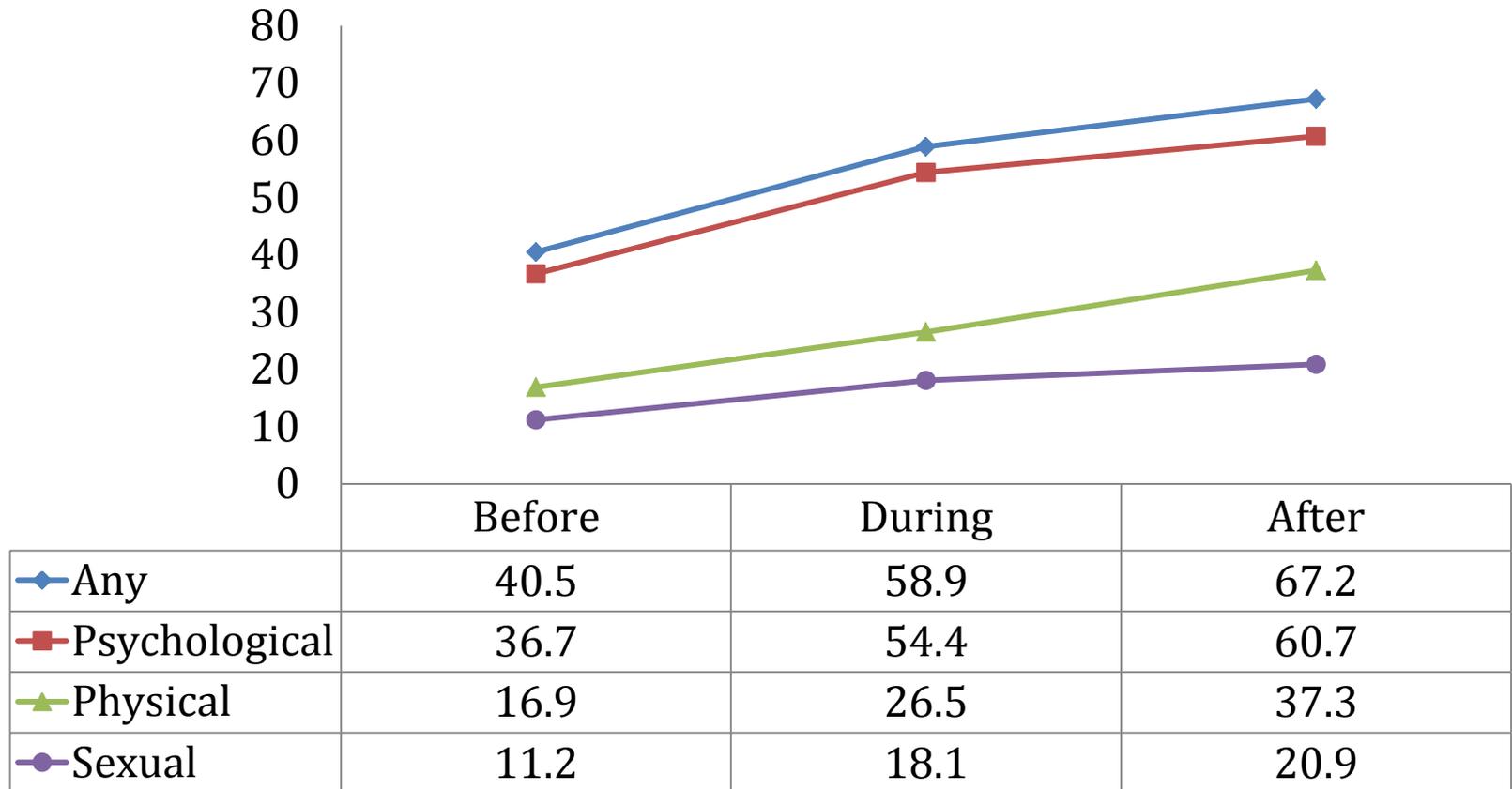
- Among a national web-based survey sample of women Veterans (N = 411):
 - 55% experienced IPV during their **lifetime**; Among these women:
 - 39% physical IPV
 - 54% sexual IPV
 - 54% psychological IPV
 - 64% stalking IPV
 - 30% experienced **past-year** IPV; Among these women:
 - 48% physical IPV
 - 36% sexual IPV
 - 92% psychological IPV

Past-Year IPV among Female VHA Patients in Relationships

- Mail survey conducted in VISN 1 in 2012
- Among recently partnered women:
 - 29% any past-year IPV; Among these women:
 - 50% physical, 50% sexual, and 63% psychological
 - 48% experienced more than one type of IPV

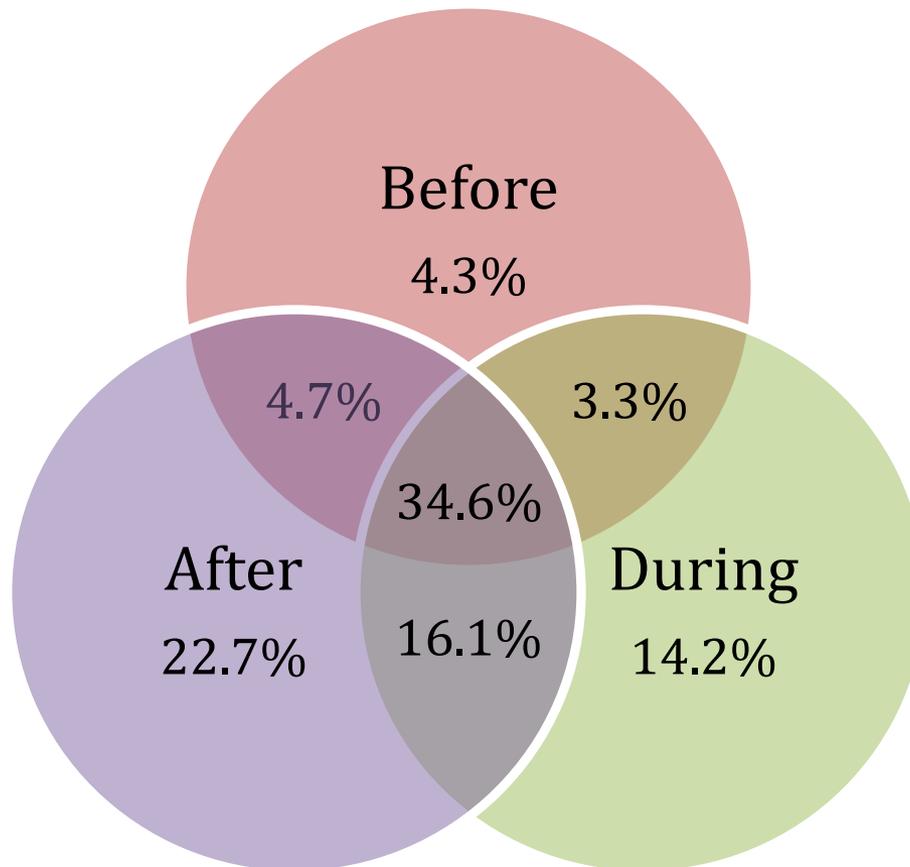
Iverson, K. M., King, M. W., Resick, P. A., Gerber, M. R., Kimerling, R., & Vogt, D. (2013). Clinical utility of an intimate partner violence screening tool for female VHA patients. *Journal of General Internal Medicine*, 28, 1288-1293. (Sample 1)

Timing of IPV Experience Relative to Military Service



Dichter, M. E., Wagner, C., & True, G. (in press). Timing of intimate partner violence in relationship to military service among women veterans. *Military Medicine*.

Overlap of IPV Experience Relative to Military Service



Dichter, M. E., Wagner, C., & True, G. (in press). Timing of intimate partner violence in relationship to military service among women veterans. *Military Medicine*.

IPV and Health/Service Use

Associations between IPV and Diagnoses

Diagnosis	% of participants		Relative Risk (95% CI)
	IPV Noted (N = 126)	IPV Not Noted (N = 405)	
Injury/Poisoning	47.6	33.3	1.43 (1.14, 1.80)
Mental Disorders/Conditions (Any)	97.6	69.9	1.40 (1.30, 1.50)
Episodic Mood Disorders	59.5	29.4	2.03 (1.64, 2.50)
Neurotic Disorders	57.1	31.9	1.79 (1.46, 2.21)
Alcohol/Drug Dependence	27.0	9.6	2.80 (1.85, 4.24)
Nondependent Alcohol/Drug Use	45.2	24.0	1.89 (1.46, 2.45)
Mental – Other	19.0	9.4	2.03 (1.27, 3.25)
Sleep Problems	16.7	8.9	1.88 (1.14, 3.09)
Stress/Adjustment Reaction	22.2	14.3	1.55 (1.04, 2.33)
PTSD	48.4	22.0	2.20 (1.70, 2.85)
Depression, NOS	72.2	42.0	1.72 (1.47, 2.01)
Infectious/Parasitic Diseases	48.4	37.8	1.28 (1.03, 1.60)
Digestive System Disorders	69.0	56.0	1.23 (1.07, 1.43)

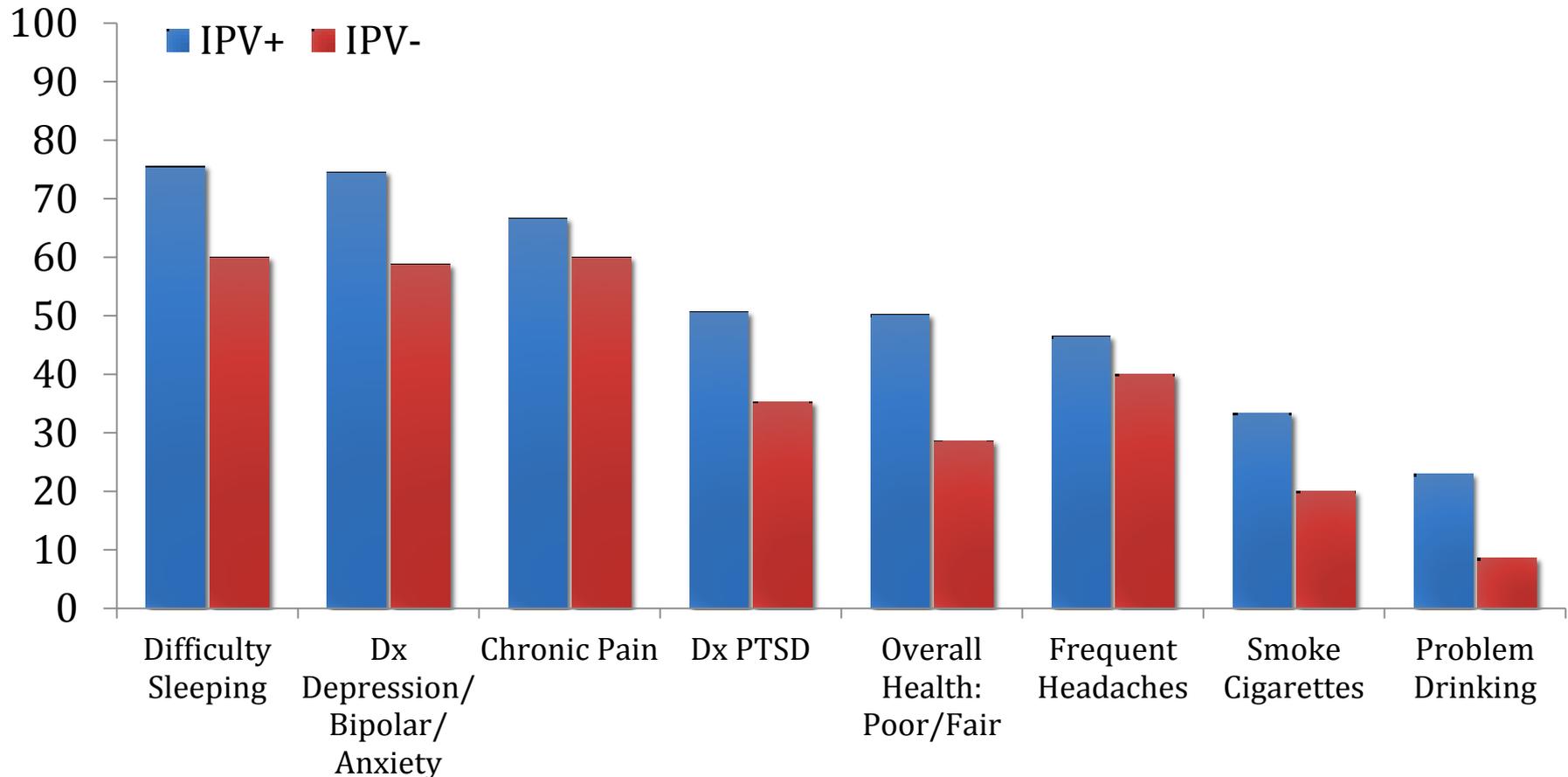
Dichter, M. E., & Marcus, S. C. (2013). Intimate partner violence victimization among women veterans: Health, healthcare services use, and opportunities for intervention. *Military Behavioral Health, 1*: 107-113.

Association between IPV and Healthcare Service Use

	IPV Noted (N = 126)	IPV Not Noted (N = 405)	
	<i>Mean (SD)</i>	<i>Mean (SD)</i>	<i>Mean Difference (95% CI)</i>
Average # encounters/month	2.7 (2.1)	2.0 (2.0)	-0.65 (-1.06, 0.25)
	<i>N (%)</i>	<i>N (%)</i>	<i>Relative Risk (95% CI)</i>
Any ED encounters	97 (77.0)	242 (59.8)	1.19 (1.09, 1.30)
Any MH/SW encounters	122 (96.8)	269 (66.4)	1.41 (1.31, 1.52)

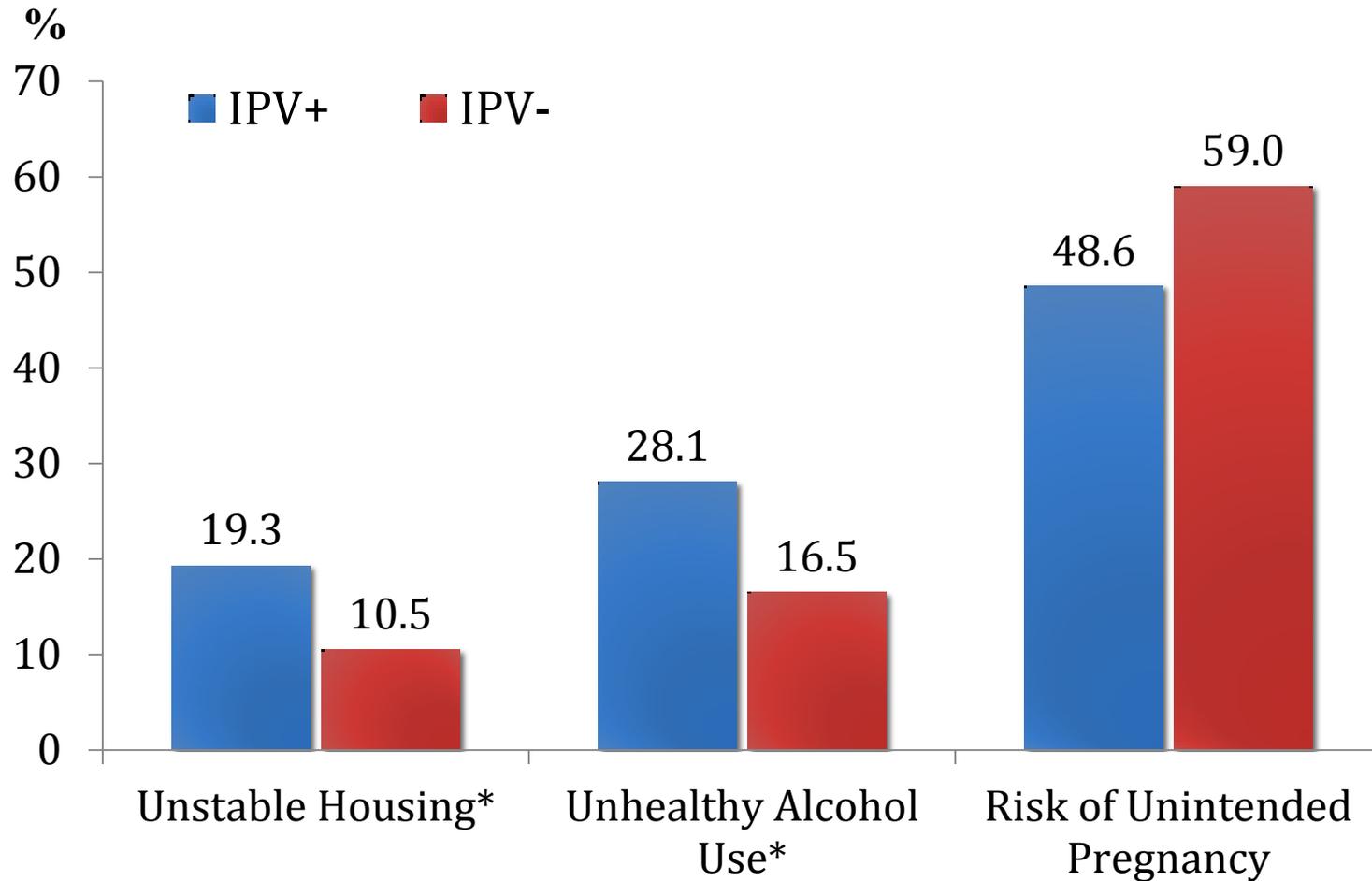
Dichter, M. E., & Marcus, S. C. (2013). Intimate partner violence victimization among women veterans: Health, healthcare services use, and opportunities for intervention. *Military Behavioral Health, 1*: 107-113.

Health Conditions by IPV Status (lifetime)



Dichter, M. E., Marcus, S. C., Wagner, C., & Bonomi, A. E. (2014). Associations between psychological, physical, and sexual intimate partner violence and health outcomes among women veteran VA patients. *Social Work in Mental Health, 12*, 411-428.

Associations between Past-Year IPV and Social Health Conditions



* $P < .05$

Past-year IPV and Mental Health Conditions

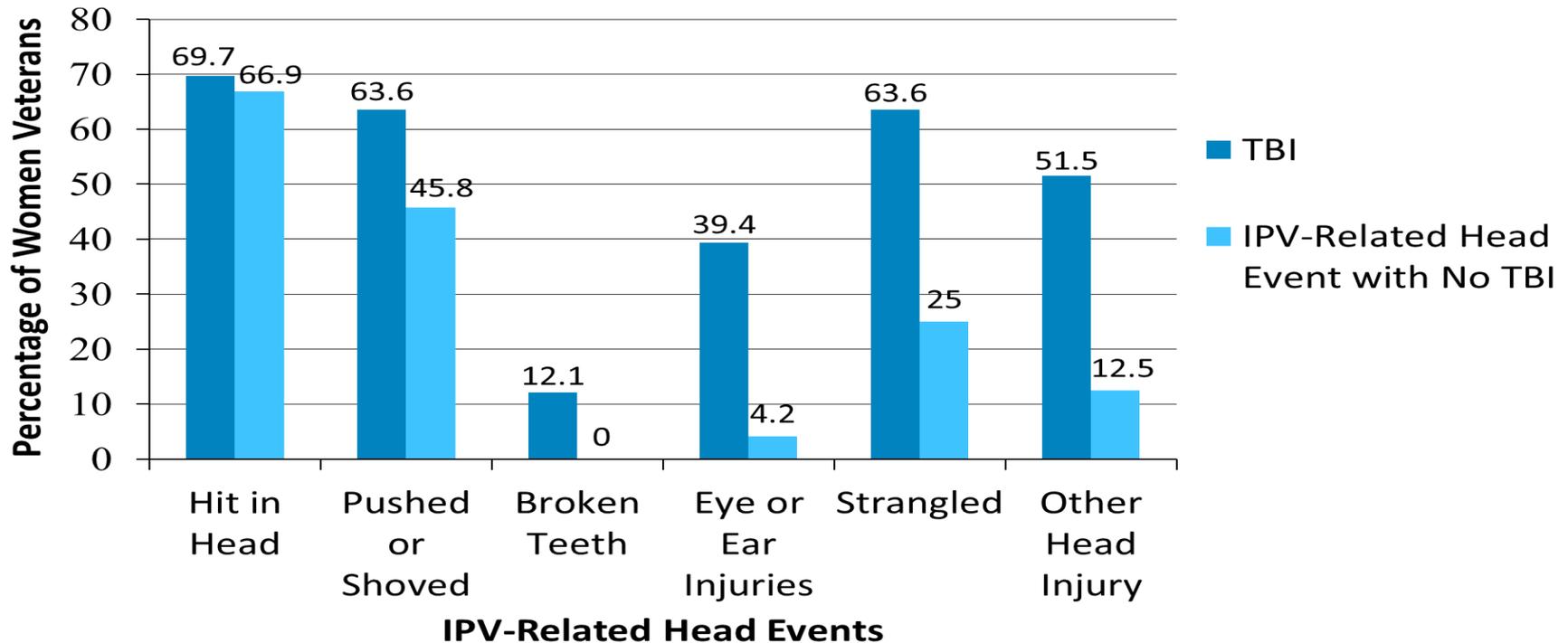
Probable Mental Health Condition	AOR	p-value	95% CI
Model 1: Depression			
MST	2.33	.02	[1.16-4.69]
IPV	3.02	.003	[1.46-6.26]
Model 2: PTSD			
MST	2.98	.01	[1.29-6.84]
IPV	2.35	.031	[1.08-5.08]
Model 3: Alcohol Dependence			
MST	1.38	.59	[0.43-4.45]
IPV	2.88	.06	[0.94-8.82]
Model 4: ≥ 2 MH Conditions			
MST	2.83	.01	[1.27-6.30]
IPV	3.32	.002	[1.54-7.17]

Note. AOR; adjusted odds ratio; Adjusted for age and race.

Iverson, K. M., Vogt, D., Dichter, M. E., Carpenter, S. L., Kimerling, R., Street, A. E., & Gerber, M. R. (in press). Intimate partner violence and current needs among female veterans. *Journal of the American Board of Family Medicine*.

IPV and Traumatic Brain Injury (TBI)

- 19% ($n = 33$) met criteria for IPV-related TBI history
- 14% ($n = 24$) reported an IPV-related head event without TBI



Iverson, K. M., & Pogoda, T. K. (2015). Traumatic brain injury among women Veterans: An invisible wound of intimate partner violence. *Medical Care*, 53, S112–S119.

IPV-Related TBI and VA Health Care Use

- Women with IPV-related TBI reported more frequent:
 - ER visits for medical problems
 - ER visits for mental health problems
 - Outpatient mental health care
 - Inpatient mental health care
- There were no differences among groups in terms of frequency of routine outpatient medical care or medical inpatient care

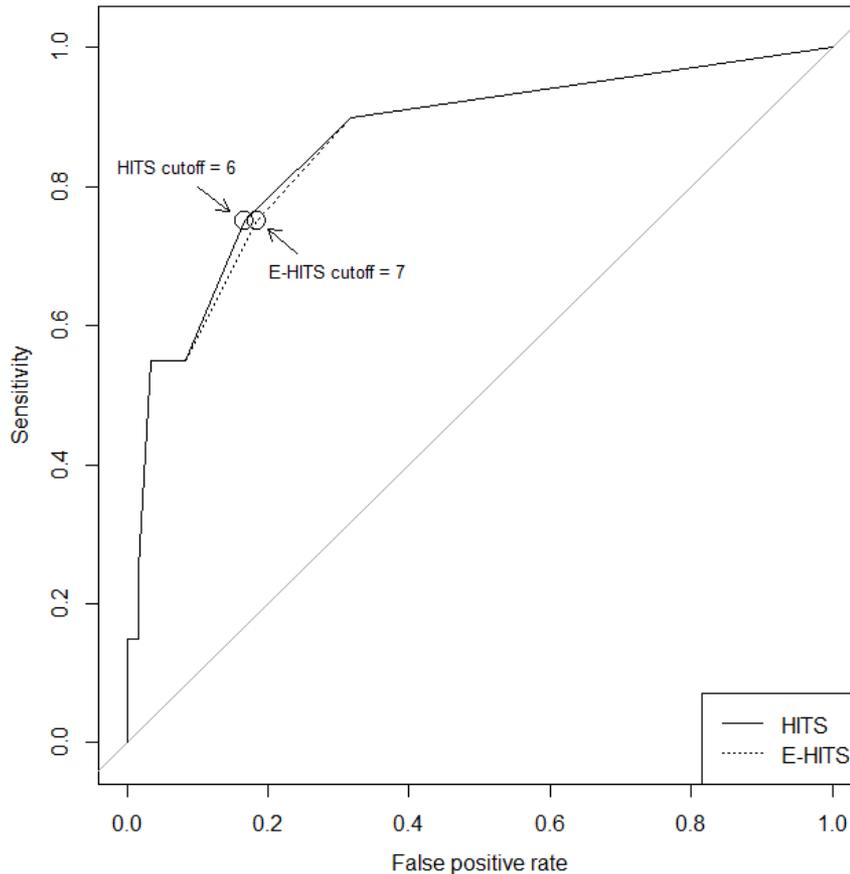
Iverson, K. M., & Pogoda, T. K. (2015). Traumatic brain injury among women Veterans: An invisible wound of intimate partner violence. *Medical Care, 53*, S112–S119.

Healthcare System Response

E-HITS Screening Tool

- “In the past 12 months, how often did a partner or ex-partner:”
 - **H:** Physically **h**urt you?
 - **I:** Insult or talk down to you?
 - **T:** Threaten you with harm?
 - **S:** Scream or curse at you?
 - **Extended:** Force you to have sexual activities?
- Response options:
 1. Never
 2. Rarely
 3. Sometimes
 4. Often
 5. Frequently

Screening Tool Validation



- Compared 4-item Hurt/Insults/Threatens/Scream (HITS) to 5-item Extended HITS (E-HITS), relative to a criterion standard
- Receiver operating characteristic (ROC) curves of the original HITS and E-HITS for detecting past-year IPV as measured against the CTS-2 ($N = 80$)
- Identical area under the curve = .86, CI: .76, .96
- Similar sensitivities and specificities at their respective cutpoints.

Iverson, K.M., King, M.W., Gerber, M.R., Resick, P.A., Kimerling, R., Street, A.E., & Vogt, D. (2015). Accuracy of an intimate partner violence screening tool for female VHA patients: A replication and extension. *Journal of Traumatic Stress, 28*, 79-82.

Talking with Healthcare Providers about IPV: Patient Surveys

Has a healthcare provider ever asked you about safety, violence, or stress in your relationship with an intimate partner?

Yes: 55% (PCP 36%, GYN 14%, MH 30%)

Have you ever told a healthcare provider about violence or safety concerns you were having in an intimate relationship?

Yes: 27% (PCP 12%, GYN 3%, MH 21%)

Do you feel that healthcare providers should ask about safety, violence, or stress in intimate relationships?

Yes: 83%

No: 6%

Not sure / Don't know / Depends: 11%

Patient and Provider Perspectives on Screening

- Asking is important – patients unlikely to spontaneously disclose

No one ever asked me about it... I may have talked about it if I had been given the chance, but I wasn't going to bring it up on my own. [Patient]

- Asking repeatedly is important – patients may not disclose the first, or second (or third...) time they are asked; patients need to feel ready to disclose

I said "no" because I didn't feel like talking about it. I wasn't ready to talk about it or get in to it with anybody. There were a lot of things I didn't tell [my doctor] when I first started seeing her. But once you get to know a person and you know the doctor, you can start opening up and saying different stuff. [Patient]

- Ask in a sensitive way – patients need to feel comfortable to disclose

If you feel comfortable with your doctors, you can pretty much talk to them about anything. But if you don't feel comfortable with a certain doctor... you'll never tell them anything. [Patient]

I've had people disclose to me and they said they've never told anybody else... I think it's because they know I'm listening. [Provider]

Patient and Provider Perspectives on Response

- Patients and providers need – and want – concrete information and resources

- Careful follow-up intervention is key

If [a patient] tells you [about her IPV experience] 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.” [Patient]

- Patients and providers recommend having an in-house specialist who could serve as a resource for patients and staff

It would be really valuable to have a staff member who is very well-versed in [responding to IPV disclosures]... you know, well-versed with the ins and outs of the community, what to do, what not to do, what questions not to ask... [Provider]

Dichter, M. E., Wagner, C., Goldberg, E. B., & Iverson, K. M. (in press). Intimate partner violence detection and care in the Veterans Health Administration: Patient and provider perspectives. *Women's Health Issues*.

Iverson, K. M., Huang, K., Wells, S. Y., Wright, J., Gerber, M. R., & Wiltsey-Stirman, S. (2014). Women veterans' preferences for intimate partner violence screening and response procedures within the Veterans Health Administration. *Research in Nursing & Health*, 37, 302-311.

Brief Counseling Preferences

Table 1. Participants' priority ratings for content of IPV-related counseling (N = 225)

If you were to get counseling during or after an unsafe or unhealthy relationship, how important would it be for the counselor to focus on:

Items	Mean rank	St. Dev.
Physical safety of your children or pets	2.74	2.16
Your physical safety	2.75	2.05
Impact of the relationship on your emotional health	3.49	1.57
Impact of the relationship on your physical health	4.15	1.32
Coping skills	4.68	1.83
Impact of relationship on other aspects of life, such as work or friendships	4.88	1.67
Describing community resources that are available to you	5.23	1.81

Mean scores reflect the average importance ranking of each content area, with lower scores indicating higher importance

Conclusion

Many interesting questions remain...

- What is the impact of screening?
- What about intervention – what do we do with disclosure?
- Can our interventions reduce risk for subsequent violence?
- How is screening working / not working in VHA?
- Addressing patients' *use* of violence
- Addressing IPV experience among male patients
- How do existing evidence-based programs and treatments address the needs of veterans who experience IPV?
- Enhancing coordination of care with community agencies
- And so on...

Acknowledgements

- Dichter mentorship team: Drs. David Asch, Becky Yano, Steven Marcus
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- Women's Health Services
- Women's Mental Health
- IPV Assistance Program

Questions and Discussion

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