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

Melissa E. Dichter (CDA 10-202)
VA Center for Health Equity Research and Promotion, Philadelphia PA

Katherine M. Iverson (CDA 10-029)
Women’s Division of the National Center for PTSD and Center for Healthcare Organization and Implementation Research, VA Boston Department of Psychiatry, Boston University School of Medicine
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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

IPV Assessment and Response within the PACT Model: Needs, Barriers, and Opportunities (CEPACT 12-005; PI: Dichter); U.S. Department of Veterans Affairs, VISN 4 Center for Evaluation of Patient Aligned Care Teams, 2011-2014

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Lynne Stevens Award (PI: Iverson), Boston University School of Medicine, 2012

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.hsrdrresearch.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
Lifetime IPV Experience among Women Veterans

33.0% Veterans

23.8% Non-Veterans

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

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

Timing of IPV Experience Relative to Military Service

<table>
<thead>
<tr>
<th></th>
<th>Before</th>
<th>During</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Any</strong></td>
<td>40.5</td>
<td>58.9</td>
<td>67.2</td>
</tr>
<tr>
<td><strong>Psychological</strong></td>
<td>36.7</td>
<td>54.4</td>
<td>60.7</td>
</tr>
<tr>
<td><strong>Physical</strong></td>
<td>16.9</td>
<td>26.5</td>
<td>37.3</td>
</tr>
<tr>
<td><strong>Sexual</strong></td>
<td>11.2</td>
<td>18.1</td>
<td>20.9</td>
</tr>
</tbody>
</table>

Overlap of IPV Experience Relative to Military Service

IPV and Health/Service Use
## Associations between IPV and Diagnoses

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

# Association between IPV and Healthcare Service Use

<table>
<thead>
<tr>
<th></th>
<th>IPV Noted (N = 126)</th>
<th>IPV Not Noted (N = 405)</th>
<th>Mean Difference (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average # encounters/month</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>-0.65 (-1.06, 0.25)</td>
</tr>
<tr>
<td></td>
<td>2.7 (2.1)</td>
<td>2.0 (2.0)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>N (%)</th>
<th>N (%)</th>
<th>Relative Risk (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any ED encounters</td>
<td>97 (77.0)</td>
<td>242 (59.8)</td>
<td>1.19 (1.09, 1.30)</td>
</tr>
<tr>
<td>Any MH/SW encounters</td>
<td>122 (96.8)</td>
<td>269 (66.4)</td>
<td>1.41 (1.31, 1.52)</td>
</tr>
</tbody>
</table>

Health Conditions by IPV Status (lifetime)

Associations between Past-Year IPV and Social Health Conditions

- **Unstable Housing***: 19.3% (IPV+) vs. 10.5% (IPV-)
- **Unhealthy Alcohol Use***: 28.1% (IPV+) vs. 16.5% (IPV-)
- **Risk of Unintended Pregnancy**: 48.6% (IPV+) vs. 59.0% (IPV-)

* * P < .05
### Past-year IPV and Mental Health Conditions

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

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

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

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

Healthcare System Response
E-HITS Screening Tool

• “In the past 12 months, how often did a partner or ex-partner:”
  • **H:** Physically hurt 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.

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]


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

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

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 Mental Health
- IPV Assistance Program
Questions and Discussion

Melissa.Dichter@va.gov
Katherine.Iverson@va.gov