



Addressing Intimate Partner Violence (IPV) Among Women in the Veterans Health Administration (VHA): Toward a Comprehensive Response

Katherine M. Iverson, PhD

Clinical Research Psychologist, National Center for PTSD, VA Boston Healthcare System and Boston University

Rachel Latta, PhD

IPV Consultant, Mental Health Services, VHA and Clinical Psychologist, New England Mental Illness Research, Education, and Clinical Center, and Clinical Director of the Safing Center, Bedford VA Medical Center

Overview

- **Women Veterans and VHA patients**
- **Epidemiology of IPV among these populations**
- **Studies addressing IPV among women in VHA that will inform IPV detection and treatment practices**
- **IPV-related awareness and education initiatives**
- **Examples of VHA services relevant to IPV screening and counseling**



Women Veteran VHA Patient Population

History of Women in the U.S. Military



Source: America's Women Veterans: Military Service History and VA Benefits Utilization Statistics, Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, Nov. 23, 2011; http://www.va.gov/VETDATA/docs/SpecialReports/Final_Womens_Report_3_2_12_v_7.pdf

VETERANS HEALTH ADMINISTRATION

Women Veterans Affairs (VA) Users Doubled Since 2000 and Expected to Double Again Soon



Sources: Women's Health Evaluation Initiative (WHEI) and the Women Veterans Health Strategic Health Care Group. *Sourcebook: Women Veterans in the Veterans Health Administration VI: Sociodemographic Characteristics and Use of VHA Care*, 2011. VHA Office of Finance Allocation Resource Center (ARC).

VETERANS HEALTH ADMINISTRATION

Women Veterans: Comparisons

- Younger than their male counterparts with gender-specific health care needs
- Use more primary and mental health care than male counterparts
- More service-connected status among women than men
- Carry a greater health burden than non-veteran women (e.g., multiple medical complications, posttraumatic stress disorder [PTSD], depression)

Source: America's Women Veterans: Military Service History and VA Benefits Utilization Statistics, Department of Veterans Affairs, National Center for Veterans Analysis and Statistics, Nov. 23, 2011; http://www.va.gov/VETDATA/docs/SpecialReports/Final_Womens_Report_3_2_12_v_7.pdf

Psychosocial Factors Impacting Women Veterans

- **Women Veterans demonstrate tremendous resilience, even when facing:**
 - **Recovery from trauma(s)**
 - **Parenting concerns**
 - **Significant rates of unemployment**
 - **Homelessness**
 - **Lack of financial resources and child care**
 - **Difficulty with intimacy and relationships**
 - **IPV**



A Complex Public Health Issue

- VA recognizes that IPV is an important health issue faced by male and female Veterans
- Appropriate health care response requires collaboration among many programs and agencies both within and outside of VA to address:
 - Prevention
 - Provision of safety supports
 - Advocacy
 - Treatment
 - Legal consequences



Epidemiology: What We Know

VA Women's Health Research is an Important VHA Priority

- Extensive broad evidence base
 - Organization and quality of care, access/rural health, mental health, post-deployment health, complex chronic illness/long-term care/aging, and reproductive health
- Multiple systematic reviews of research
- Searchable VA research database
- Research informing practice and policy
 - Women's Health Research Network and Practice Based Research Network (PRBN)
 - Women's Health CREATE
- http://www.hsrd.research.va.gov/for_researchers/womens_health

Estimates of IPV Experiences

- **Lifetime rates of IPV among women Veterans:**
 - Epidemiological survey data from the Center for Disease Control and Prevention's Behavioral Risk Factor Surveillance System for 2006 indicated that 33% of 506 women Veterans (vs. 23.8% of 20,659 non-Veteran women) reported lifetime physical and/or sexual IPV victimization (Dichter, Cerulli, & Bossarte, 2011)
 - Clinic-specific survey data indicate that between 48%-86% of women VA primary care patients who were willing to complete questionnaires reported lifetime IPV (sample sizes range from 96 to 268; Campbell et al., 2008; Dichter, 2013; Latta et al., 2013)

Estimates of IPV Experiences

- **Past-year rates of IPV among women Veterans:**
 - **28.8% of 160 women VHA patients in an intimate relationship in the New England region reported past-year physical, sexual, and/or severe psychological IPV (Iverson et al., 2013)**
 - **50% physical, 50% sexual, and 63% severe psychological**
 - **Less is known about predictors of IPV among this population**
 - **Unwanted sexual experiences during childhood and military service are associated with increased risk for past-year IPV (Iverson, Mercado, Carpenter, & Street, 2013)**
 - **Army service (vs. other branches) and having less than a college education are also associated with increased risk (Iverson et al., 2013)**

Health Impacts and VA Care

- Evidence suggests that IPV among women Veterans is:
 - Associated with physical and mental health symptoms and conditions (Dichter et al., 2012; Dichter & Marcus, 2013; Iverson et al., 2013; Latta, 2013; O'Campo et al., 2006)
 - A health issue that women want their VA providers to assess and address (Dichter, 2013; Iverson, 2013)
 - Inconsistently documented in medical records (Dichter et al., in press)
 - An area VA providers believe is important to address and want more training on (Dichter, 2013; Iverson et al., 2013)
 - Training improves VA providers knowledge and efficacy (Edwardsen, Dichter, Walsh, & Cerulli, 2011)



VHA Research Addressing IPV Among Women

Health Services Research and Development (HSR&D) Funded Career Development Awards (CDA) Related to IPV

- “Intimate Partner Violence, Health and Healthcare Among Female Veterans” (PI: Iverson):
 - Evaluations of the diagnostic and clinical utility of IPV screening tools and procedures for use with VHA patients
 - Identification of risk factors for current and lifetime IPV experiences
- “Assessing and Responding to Intimate Partner Violence Among Women Veterans ” (PI: Dichter):
 - Elucidate the unique relationships among IPV and military experiences among women Veterans in VHA
 - Assess patient and provider concerns and preferences for IPV inquiry and response to inform the implementation and testing of a VHA-based IPV screening and response model

HSR&D-Funded Women's Health Research Related to IPV: Examples of Current Studies

- “The VA Women's Overall Mental Health Assessment of Needs Study” (PI: Kimerling)
 - National study of women VHA patients to determine the national prevalence of past-year IPV
 - Will also assess treatment that IPV-exposed women have received, and examine the role that gender-specific care plays in women's access to and engagement with VHA care
- “Patient Priorities for Gender Specific Care” (PI: Kimerling)
 - National study across 4 sites that will screen for key mental health issues among women, including past-year IPV
 - Will also elicit preferences for the most important types of mental health care for these women, including gender-tailored and gender-specific services

HSR&D-Funded Women's Health Research Related to IPV: Examples of Current Studies

- “Work and Family Functioning in Women Veterans: Implications for VA Service Use” (PIs: Vogt & Smith)
 - Longitudinal study examining gender differences in the effects of deployment stressors and their associated mental health sequelae on Veterans' post deployment occupational and family functioning, including IPV

Additional IPV-Related VA Grants

- “Patient Self-Administered Social Health Screening in Primary Care: A Pilot Study” (PI: Dichter)
 - Examining patient self-administered screening for IPV and other social health conditions (i.e., homelessness risk) to identify feasibility and effectiveness of the screening mechanism, and baseline rates of the social health conditions
- “IPV Assessment and Response within the PACT Model: Needs, Barriers, and Opportunities” (PI: Dichter)
 - Through interviews with women Veteran patients and VHA providers, identifying scope of IPV experiences and related health conditions among women Veteran VHA patients as well as experiences and unmet needs related to IPV-related assessment and care

Additional IPV-Related VA Grants

- “Intimate Partner Violence Prevention Program for Veterans at High Risk” (PI: Latta)
 - Community-level prevention of IPV among Veterans by raising awareness about IPV among the community and providing routine screening, assessment, and referral for those Veterans at highest risk for IPV



IPV-Related Awareness and Education Initiatives

General Resources for IPV in VHA

- **Common to all VHA facilities:**
 - Directives according to Joint Commission standards for identification, evaluation, and treatment
 - Adherence to state reporting requirements
 - Lists and contacts for local community resources
 - Staff training regarding IPV
 - Clinicians experienced in treating trauma
- Individual facilities determine and implement the specifics of IPV-related care and education

National Domestic Violence (DV)/IPV Task Force

- **Focused on four primary areas:**
 - **Screening**
 - **Intervention/Treatment**
 - **Safety**
 - **Training**
- **Position announced for DV/IPV National Program Manager**

Education Provided in Different Venues

- Integrated into national trainings
- VA National Domestic Violence Satellite Broadcast
- Nationally sponsored webinars
- Development of an IPV brochure specific for women Veteran VHA patients
- National IPV Workgroup through VA HSR&D Women's Health Research Consortium
- Information available via the National Center for PTSD and myHealthEVet
- Evidence-based psychotherapies for mental health correlates of IPV

Women's Health IPV Awareness Campaign

- Posters
- Patient brochure
- Educational materials for providers
- Social media
- Website



One in Three Women Veterans are Hurt by Someone They Love.
Let VA Help.

Source: <http://www.womenshealth.va.gov/WOMENSHEALTH/intimatepartnerviolence.asp>

VETERANS HEALTH ADMINISTRATION

Be Safe Initiative

- **New national initiative through VHA Preventive Care Program to assist clinical staff in discussing healthy lifestyle behaviors**
 - **An introduction to healthy lifestyle behaviors**
- **IPV is one of the nine messages targeted in this campaign that is nearly ready for dissemination**
 - **Clinician handout with brief messaging for Veterans and talking points for more in-depth conversations**
 - **Includes resources**
 - **Veteran handouts**



Examples of VHA Services Relevant to IPV Screening and Counseling

Psychosocial Rehabilitation Framework

- **Promote recovery, full community integration, and improved quality of life**
- **Services are collaborative, person directed, and individualized**
- **Treatment should be evidence-based**
- **Focus on helping individuals develop skills and access resources**
- **Successful and satisfied in the living, working, learning, and social environments of their choice**

Application to IPV Services

- **The use or experience of violence does not define the individual**
- **IPV is not a mental health diagnosis**
- **IPV is complex and complicated**
- **Violence cessation cannot occur in isolation—must be addressed comprehensively**
- **Each partner has a narrative**
- **Veteran-centered treatment**
- **Importance of community**

VHA's Unique Positioning to Support Women Veterans

- **Comprehensive services to meet the needs of women Veterans who are ending the violence in their relationships**
- **Housing programs**
 - **Housing and Urban Development (HUD)/VA Supported Housing—Federal Section 8 housing vouchers and homelessness programming**
- **Work/educational programs**
 - **Supported employment and education services**
- **Residential and outpatient mental health and substance use treatments**
- **Primary and specialty women's health care**

Women Veteran Program Manager

- Required full-time in every VA health care system
- Linchpin for improved women's health services
- Leader of facility women's program
- Resource for women Veterans in the community



Military Sexual Trauma (MST) Coordinators

- **MST refers to experiences of sexual assault or repeated, threatening acts of sexual harassment**
 - **Relevant to sexual IPV experienced during military service**
- **Every VA health care facility has an MST Coordinator**
 - **Serves as a point person for MST issues at the facility**
- **The MST Coordinator is point of contact for assistance in getting Veterans into MST-related care or for answering any questions about local services**
- **To contact him/her, Veterans can call the local VA health care facility and ask to speak to the “MST Coordinator”**

Women Veterans Hotline

- Women Veterans hotline—1-855-VA-WOMEN (1-855-829-6636)
- Call center that receives and responds to questions from women Veterans, their families, and caregivers across the nation about available VA services and resources

WOMEN VETERANS HEALTH CARE

*You served, you deserve
★ the best care anywhere.*



Evidence-Based Psychotherapies Through Mental Health Services that address mental health correlates of IPV

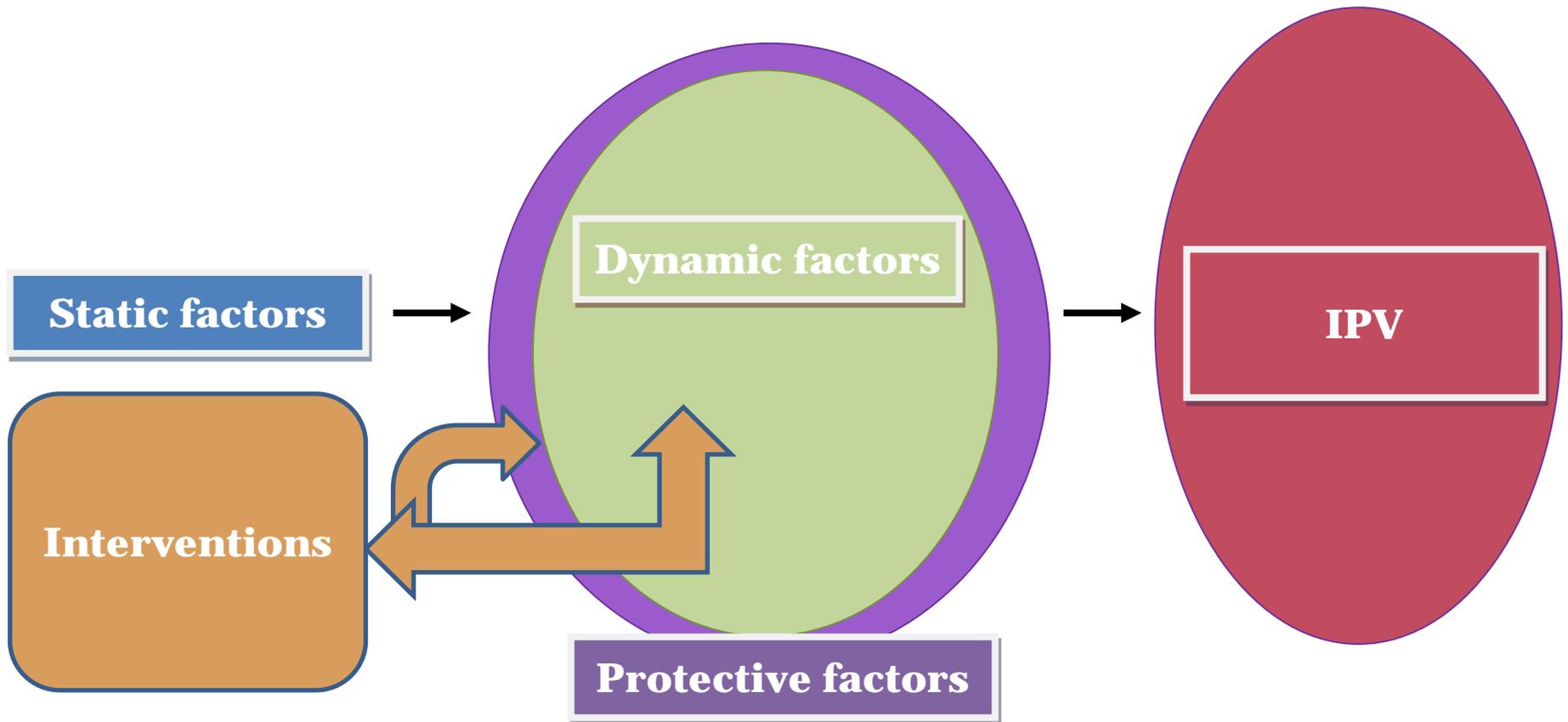
- **Trauma-focused PTSD treatments are widely available**
 - **Cognitive Processing Therapy**
 - **Prolonged Exposure**
- **Treatment of depression, anxiety, and substance use disorders**
- **Training on IPV assessment and management as part of couples/family therapy**
- **Promising new treatments specifically addressing IPV and co-occurring psychosocial issues**

Highlight on a Promising New Intervention at the Bedford VA Medical Center



- Recovery-oriented, Veteran-centered approach to treatment
- Services offered include
 - Individual, couples, and group therapy for Veterans who are using or experiencing IPV
 - Consultation and education for mental health providers and staff regarding identification, assessment, and treatment
 - Referral/assistance in contacting community agencies and law enforcement as needed
 - Prevention through education

Highlight on Intervention: Contextual Intimate Partner Violence Therapy



How Veterans Can Access VA Care and Programs

- **Eligibility**
 - Veteran does NOT have to have an injury caused by military service or deployed overseas in a war
 - Must have served > 2 years, unless service connected injury occurred prior to that or MST
 - Separated under any condition other than dishonorable
 - Once enrolled, must access care one time every 2 years to maintain
- Online **<http://www.1010ez.med.va.gov>**
- By calling **1-877-222-VETS (8387)**
- In person at any VA Medical Center

Acknowledgements

- Deborah Amdur, LCSW
- Maggie Czarnogorski, MD
- Megan Gerber, MD, MPH
- Sally Haskell, MD
- Patricia Hayes, PhD
- Michael Kilmer, LCSW
- Linda Lipson, MA
- Susan McCutcheon, RN, EdD
- Carol Sheets, LICSW, ACSW



Thank you all for your concern
and your care for our Veterans.

Our contact information:
Katherine.Iverson@va.gov
Rachel.Latta@va.gov