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Research Brief: "Prevalence of Intimate Partner Violence among Women Veterans Who Utilize Veterans Health Administration Primary Care"

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RESEARCH BRIEF

Prevalence of Intimate Partner Violence among Women Veterans Who Utilize Veterans Health Administration Primary Care

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ABSTRACT

"*Objectives*: The objectives of this study were to identify the prevalence of past-year intimate partner violence (IPV) among women Veterans utilizing Veterans Health Administration (VHA) primary care, and to document associated demographic, military, and primary care characteristics. *Design*: This was a retrospective cohort design, where participants completed a telephone survey in 2012 (84% participation rate); responses were linked to VHA administrative data for utilization in the year prior to the survey. *Participants*: A national stratified random sample of 6,287 women Veteran VHA primary care users participated in the study. *Main Measures*: Past-year IPV was assessed using the HARK screening tool. Self-report items and scales assessed demographic and military characteristics. Primary care characteristics were assessed via self-report and VHA administrative data. *Key Results*: The prevalence of past-year IPV among women Veterans was 18.5% (se=0.5%), with higher rates (22.2% - 25.5%) among women up to age 55. Other demographic correlates included indicators of economic hardship, lesbian or bisexual orientation, and being a parent/guardian of a child less than 18 years old. Military correlates included service during Vietnam to post-Vietnam eras, less than 10 years of service, and experiences of Military Sexual Trauma (MST). Most (77.3%, se=1.2%) women who experienced IPV identified a VHA provider as their usual provider. Compared with women who did not report past-year IPV, women who reported IPV had more primary care visits, yet experienced lower continuity of care across providers. *Conclusions*: The high prevalence of past-year IPV among women beyond childbearing years, the majority of whom primarily rely on VHA as a source of health care, reinforces the importance of screening all women for IPV in VHA primary care settings. Key considerations for service implementation include sensitivity with respect to sexual orientation, race/ethnicity, and other aspects of diversity, as well as care coordination and linkages with social services and MST-related care."

RESEARCH HIGHLIGHTS

- Veterans Health Administration (VHA) providers have identified a lack of knowledge regarding intimate partner violence (IPV) prevalence and how that correlates in the women veteran population as barriers to implementing IPV screenings. Using the Women's Overall Mental Health Assessment of Needs (WOMAN) survey, the researchers identified the prevalence of past-year IPV among women veterans utilizing VHA primary care.
- Almost 19% of women veterans who use VHA primary care reported experiencing IPV in the past year. Women veterans aged 18-30 had the highest prevalence of IPV. One in four women under the age of 30 reported IPV and similarly high rates of IPV were reported by women up to age 55. The most common form of IPV among women veterans was psychological abuse.
- The most common risk factors for IPV included not being employed full-time, receiving public assistance, a history of homelessness within the past year, and earnings less than $25,000 annually. Lesbian and bisexual women veterans were more likely to report IPV than heterosexual women.

IMPLICATIONS

FOR PRACTICE

Since psychological abuse was the most commonly reported intimate partner violence (IPV) followed by fear of partner/ex-partner, women veterans and their medical providers should discuss mental health care. Women veterans experiencing IPV should talk with their medical provider about the benefits of counseling, and decide if it is right for the woman veteran. Given the prevalence of IPV among women veterans, medical providers should screen women veterans for IPV and discuss signs of IPV, especially women veterans under the age of 55 and who identify as lesbian or bisexual. When necessary, clinicians should refer women veterans experiencing IPV to other health professionals and inform them of available programs and resources. Women veterans who are not working full time but are seeking full time work should utilize supported-employment programs and services that help veterans navigate civilian employment, such as tuition assistance program (TAP). Family members and friends should remain supportive of their women veterans, especially those who have or are currently experiencing IPV. Community organizations interested in preventing IPV should try to address factors that this study found were associated with IPV, such as working less than full time, receiving public assistance, homelessness, and earning less than $25,000 annually.

FOR POLICY

Since gender-based intimate partner violence can lead to women prematurely separating from the military, the Department of Defense (DoD) might include more safeguards for women service members experiencing psychological intimate partner violence. Given the prevalence of intimate partner violence among women veterans currently receiving care at the VHA, the Department of Veterans Affairs (VA) might offer more mental health resources. The VHA might continue encouraging its providers to screen all women for IPV, especially women under age 55 and who identify as lesbian or bisexual. The VA might offer additional IPV related services to women veterans who are currently receiving public assistance, earning less than $25,000, experiencing homelessness, or not employed full-time. The VA and the Department of Labor (DoL) might reevaluate how to best empower women veterans economically, especially those who are at risk for IPV. The VA and DoD might empower women veterans economically by offering more employment centered programs that are designed specifically for women veterans. The VHA might continue enhancing its continuity of primary care services delivery system, including sharing of medical records between providers.

FOR FUTURE RESEARCH

More research is needed on how women veterans who have experienced IPV can use VHA specialty care settings. Future researchers should study how women veterans who have experienced IPV seek care. Understanding how these women access health care related to their IPV experiences can be instrumental in reforming care coordination and helping to facilitate disclosure of recent IPV, including mental, physical and sexual. While this study used a national telephone survey and in-person interviews, women veterans' response rates to IPV might have been higher if there were augmented forms of privacy and anonymity. Future researchers should take steps to ensure confidentiality and anonymity. To reduce potential selection bias, future researchers should utilize more than one mechanism for data collection, especially considering the sensitivity of the topic. One limitation of this study is that women veterans who do not use VHA primary care were not included in the sample. Future research on IPV in women veterans should include women veterans who seek health care at non-VHA facilities. Additionally, future studies on IPV should include men veterans.

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