New Research on Women Veterans and Intimate Partner Violence

July 27, 2017
1-2:30pm Central Time

Melissa E. Dichter, PhD, MSW, VA Center for Health Equity Research and Promotion (CHERP), Assistant Professor of Family Medicine and Community Health, University of Pennsylvania, Perelman School of Medicine

This project was supported by Grant No. 2015-TA-AX-K058 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this document are those of the authors and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.

Thank you for joining us today!

The materials are available on our website: http://www.bwjp.org/training/webinar-new-research-women-veterans-ipv.html

AUDIO OPTIONS

- The audio component can be heard by VoiceoverIP (VoIP) or telephone:
  - VoIP: Select "connect" to internet audio on the Start tab to get your audio streaming through your computer.
  - Telephone: Select "I am dialed in" on the Start tab and dial in from your telephone. Your standard long distance charges will apply.

Dial-in: 641-715-3670
Passcode: 732746

AUDIO TROUBLESHOOTING for VoIP

- Verify you selected "connect" to the internet audio.
- If your computer & speaker volume are turned all the way up, & volume is too low, run the audio wizard under "Tools" at the top of your screen.
- If still low volume, try a headset (which is recommended).
- Lastly, if all your troubleshooting attempts have failed please dial in from a telephone. Your computer &/or network don’t have the requirements (bandwidth, memory, etc) for VoIP on this webinar.
Poll Question #1

What is your primary professional/advocacy role?

a) Advocate  
b) Attorney/Judge  
c) Healthcare provider  
d) Law Enforcement  
e) Pretrial/Probation  
f) Scholar/Researcher/Academic  
g) Other service provider  
h) Other (type in comment box)  

Poll Question #2

What is your role regarding working with veterans?

a) I work at the VA  
b) I work at another organization that serves veterans or military personnel  
c) I have prior training/experience working with veterans  
d) I do not specifically work with veterans but have an interest in this population  
e) I do not specifically work with veterans and have little knowledge of the veteran population  
f) Other (type in comment box)  

Background
Women Veterans

There are approximately 2,051,484 women U.S. veterans today, representing nearly 10% of the total veteran population – with expectations of increase

• Age: As a group, women veterans are younger than male veterans (median age 50, vs. 65) and older than women non-veterans (median age 50 vs. 46)

• Race/Ethnicity: 66% of women veterans are White, Non-Hispanic (compared with 79% of male veterans and 63% of women non-veterans); 19% are African American, Non-Hispanic; 9% are Hispanic


Women Veterans (continued)

• Marital status: 49% of women veterans are married (compared with 65% of male veterans and 47% of women non-veterans)

• Income: Median household income of women veterans is lower than that of male veterans ($54,962 vs. $58,995) and higher than that of women non-veterans ($46,992)

• Risks: Women veterans face high rates of intimate partner violence, military sexual trauma, and homelessness or housing instability


U.S. Department of Veterans Affairs

• Mission Statement: To fulfill President Lincoln’s promise “To care for him [and her] who shall have borne the battle, and for his [and her] widow, and his [and her] orphan” by serving and honoring the men and women who are America’s veterans.

• Veterans Health Administration (VHA): integrated comprehensive health care, including related social services and support, research

• Veterans Benefits Administration (VBA)

• National Cemetery Administration
Veterans Health Administration (VHA)

Mission: Honor America’s Veterans by providing exceptional health care that improves their health and well-being.

- Eligibility: Based on type of service, discharge status, length of service, level of disability, level of income
- Services: Primary and specialty medical care, integrated mental and behavioral health care, rehabilitation, social services; outpatient, inpatient, residential, home-based, emergency
- Utilization: Utilization among women veterans has been increasing; in 2015, 255,875 women veterans (22.4%) used VA health care

Women Veterans and IPV

- Women veterans (WV) experience higher rates of lifetime IPV compared with women who have not served in the military (Dichter, Cerulli, & Bossarte, 2011)
- Nearly 1 in 5 (18.5%) WV who receive VA healthcare report experience of past-year IPV (Kimerting et al., 2016)
- WV experience IPV before, during, and after military service (Dichter, Wagner, & True, 2015)
- Military experiences can impact women’s IPV experiences and help-seeking in response to IPV, both during and after military service (Dichter & True, 2015)

IPV Screening in Clinical Care

- National screening guidelines
- Veterans Health Administration (VHA) IPV screening implementation
- Study purpose: What do VA medical records data tell us about patients’ IPV experiences and needs?
E-HITS Screening Tool

Please indicate how often your partner (a current or former intimate partner – including spouse, boyfriend, dating/romantic partner) did each of these things in the past 12 months:

1. Physically hurt you
2. Insulted you
3. Threatened to harm you
4. Screamed or cursed at you
5. Forced you to have sexual activities

Answer choices: Never (1); Rarely (2); Sometimes (3); Often (4); Frequently (5)

Total score ranges from 5-25

(Chan, Chan, Au, & Cheung, 2010; Sherin, Sinacore, Li, Zitter, & Shakil, 1998)

New Research: IPV Screening in VHA

Funding
VA Health Services Research and Development
Grant #: IIR 15-142 (PI: Dichter)

Intimate Partner Violence: Patient Characteristics, Service Use, and Experiences

Team
Katherine Iverson, PhD
Gala True, PhD
Ann Elizabeth Montgomery, PhD
Anais Tuepker, PhD
Anneliese Butler, MSS
Terri Haywood, MS
Meagan Cusack, MS
Scarlett Bellamy, ScD
Elina Medvedeva, MS
C. Brent Roberts, MPH

Data and Methods

- Cohort: All women screened in Veterans Health Administration (VHA) with E-HITS clinical reminder between April 2014-April 2016
- Data extracted from electronic medical records through national VA data warehouse
  - From 1 year prior to 6 months post-IPV screening
  - Demographic and military service characteristics
  - Mental health diagnoses
  - Health services utilization
  - Prescriptions, labs, etc.
Study Cohort (N = 8,888)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;35</td>
<td>2,512</td>
<td>28.3</td>
</tr>
<tr>
<td>35-44</td>
<td>2,001</td>
<td>22.5</td>
</tr>
<tr>
<td>45-54</td>
<td>1,993</td>
<td>22.4</td>
</tr>
<tr>
<td>55-64</td>
<td>1,751</td>
<td>19.7</td>
</tr>
<tr>
<td>≥65</td>
<td>831</td>
<td>9.3</td>
</tr>
<tr>
<td>Race&lt;sup&gt;1&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>4,678</td>
<td>52.6</td>
</tr>
<tr>
<td>Black / African American</td>
<td>3,399</td>
<td>38.2</td>
</tr>
<tr>
<td>Other</td>
<td>312</td>
<td>3.5</td>
</tr>
<tr>
<td>Ethnicity&lt;sup&gt;2&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latina</td>
<td>495</td>
<td>5.6</td>
</tr>
<tr>
<td>Married</td>
<td>3,097</td>
<td>34.8</td>
</tr>
<tr>
<td>Veteran Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veteran</td>
<td>8,427</td>
<td>94.8</td>
</tr>
<tr>
<td>Military Sexual Trauma</td>
<td>2,326</td>
<td>27.6</td>
</tr>
<tr>
<td>Combat Service</td>
<td>893</td>
<td>10.6</td>
</tr>
</tbody>
</table>

Missing data: <sup>1</sup>Race – 499 (5.6%); <sup>2</sup>Ethnicity – 387 (4.4%); <sup>3</sup>Marital status – 130 (1.5%)

Key Findings

Past-Year IPV Experience: Demographic and Military Service Associations

8.7% overall screened positive for past-year IPV (IPV+)

Higher rates among subgroups:
- Married: 10.5%
- Veteran spouses/dependents (non-veterans): 14%
- Veterans who experienced military sexual trauma (MST): 12.8% of veterans
- Younger age

- No statistically significant difference by race or ethnicity
Forms of IPV, Among IPV+

- Nearly all (99.5%) of IPV+ reported any psychological violence
- 23.5% of IPV+ (2.0% of all screened) reported any physical violence
- 12.4% of IPV+ (1.1% of all screened) reported any sexual violence

IPV and Mental Health

Large proportion of women screening IPV+ have mental health diagnoses

Likelihood of having a mental health diagnosis higher among women screening IPV+ (vs. IPV-)

- Odds of carrying a mental health diagnosis were more than twice as high for women who screened IPV+ (vs. IPV-); higher odds associated with each category of mental health diagnosis (except psychosis)
- Each sub-type of IPV (psychological only, physical without sexual, any sexual) was significantly associated with having any mental health diagnosis or two or more mental health diagnoses (odds > 2)
- Among the veteran subsample, associations remained even after further adjusting for experience of military sexual trauma and combat exposure
**IPV and Housing Instability**

Higher rate of housing instability (HI) among IPV+ vs. IPV- women veterans

<table>
<thead>
<tr>
<th>Housing Instability Indicators by Past-Year IPV (%)</th>
<th>IPV+</th>
<th>IPV-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any HI indicator</td>
<td>24.2</td>
<td>10.1</td>
</tr>
<tr>
<td>Screening: Homeless or at Risk</td>
<td>5.6</td>
<td>1.9</td>
</tr>
<tr>
<td>Screening: At Risk</td>
<td>3.0</td>
<td>0.9</td>
</tr>
<tr>
<td>Screening: Homeless</td>
<td>3.7</td>
<td>0.9</td>
</tr>
<tr>
<td>Dx or Service Use</td>
<td>8.9</td>
<td>22.0</td>
</tr>
</tbody>
</table>

**IPV and Housing Instability continued**

Among women who experienced past-year IPV, risk factors for housing instability include:

- **Age**: 41-50 (vs. older)
- **Race**: Black or African American (vs. White)
- **Marital status**: not married
- **Service connection**: Not VA service-connected
- **Diagnoses**: Mental health or substance use disorder diagnosis
- **Experience of military sexual trauma (MST)**

**Health Service Use**

Higher frequency of service utilization among IPV+

Healthcare Utilization Post-Screening by Past-Year IPV (% with 1 or more encounters within 6 months of screen)

<table>
<thead>
<tr>
<th></th>
<th>Psychosocial*</th>
<th>Primary Care</th>
<th>Emergency Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPV-</td>
<td>47.8</td>
<td>70.3</td>
<td>20.4</td>
</tr>
<tr>
<td>IPV+</td>
<td>75.1</td>
<td>75.3</td>
<td>26.7</td>
</tr>
</tbody>
</table>

* “Psychosocial” visits include: mental health, social work, drug or alcohol treatment, or housing services
Conclusions and Implications

- Prevalence and Demographic Associations
  - Clinical screening produces lower rates than survey research – likely undercount of true prevalence due to barriers to disclosing
  - Younger women at highest risk – but older women still vulnerable
  - Veteran spouses/dependents particular risk group
  - High co-occurrence with military sexual trauma – cumulative trauma histories
- IPV forms: Most IPV non-physical or sexual ⇒ need to assess for and address psychological forms of IPV
- Associated outcomes: mental health and social health needs
- Opportunities for intervention

Poll/Discussion Question #3

What do you recommend for next steps with research in this area?

- What questions do you have?
- What do you think we still need to know/investigate?

Next Steps

- Examination of medical records to identify follow-up to positive screens: frequency, content, and context of support over six months
- Interviews with patients who experienced recent IPV to identify changes in health, safety (violence), and empowerment over time
- Interviews with patients who experienced recent IPV to understand experiences and perspectives
- Identification of best clinical practices for IPV screening and response in VHA and associated implementation enhancement strategies
Questions?

References


Dichter ME & True G. “This is the story of why my military career ended before it should have”: Premature separation from military service among U.S. women veterans. Affilia: Journal of Women and Social Work. 2015;30(2):187‐199.

