

Putting Research to Work for Military Families



Focus:
Multiple
Branches

Women Veterans' Preferences for Intimate Partner Violence Screening and Response Procedures Within the Veterans Health Administration

Iverson, K. M., Huang, K., Wells, S. Y., Wright, J. D., Gerber, M. R., & Wiltsey, S. S. (2014). Women veterans' preferences for intimate partner violence screening and response procedures within the Veterans Health Administration. *Research in Nursing & Health*, 37(4), 302-311. doi:10.1002/nur.21602

SUMMARY: Attitudes about screening for Intimate Partner Violence (IPV) were examined in a population of female Veterans. Participants supported routine screening for IPV, and emphasized that such screening should be done by sensitive and caring providers. A standardized IPV screening tool was evaluated for acceptability in the Veterans Health Administration (VHA) system.

KEY FINDINGS:

- Women Veterans support routine screening for IPV across different healthcare settings (i.e. primary care, mental health, emergency room).
- Participants found a standardized questionnaire about IPV (Hurt/Insult/Threaten/Scream; HITS) to be acceptable for use in the VHA system.
- Women wanted options for what and when to disclose IPV, follow up support, and referrals to resources within the VHA and the community.
- Participants were divided about whether documenting disclosure of IPV in electronic medical records would be acceptable, with some women citing opportunities for coordination of care, and others citing concerns about military sexual trauma being visible to people other than their care providers.

IMPLICATIONS FOR PROGRAMS:

Programs could:

- Provide education for both male and female Service members about the causes and consequences of IPV
- Create opportunities for Service members who have experienced IPV to seek social support, and connect with resources
- Provide training about best practices for asking patients about history of IPV for healthcare providers in the VHA system

IMPLICATIONS FOR POLICIES:

Policies could:

- Establish guidelines and protocols for routine screening for IPV in both males and females in the VHA system
- Support awareness campaigns aimed at reducing the stigma associated with reporting IPV, particularly for women Service members who have experienced military sexual trauma
- Encourage coordination of care across sectors of the VHA system for those who have experienced IPV, including social workers, psychologists, and physicians

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METHODS

- Focus groups were conducted with female VHA patients who were Veterans.
- Both women who had and had not experienced IPV were included in the study.
- Women were recruited via fliers in three clinics in the VA Boston Healthcare System.

PARTICIPANTS

- Participants were 24 female VHA patients.
- On average, women were 50.6 years old; about half (54%) were White.
- Twelve participants served in the Army, six in the Navy, five in the Air Force, and one in the Marines.

LIMITATIONS

- The sample was composed of women from a single VHA system and thus may not represent the full spectrum of women's experiences.
- Only four women who had not experienced IPV were included in the study so it is difficult to draw conclusions about how women who have not experienced IPV will perceive routine screening.
- The results may not be applicable to women who elect to receive their healthcare outside of the VHA system.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Examine whether routine screening improves detection rates for IPV, as well as monitoring of false positives
- Explore the quality, coordination, and sensitivity of healthcare received by women disclose experience of IPV
- Evaluate the effectiveness of brief interventions for military associated women who have experienced IPV

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