

Female Veterans' Preferences for Counseling Related to Intimate Partner Violence: Informing Patient-Centered Interventions

Iverson, K. M., Stirman, S. W., Street, A. E., Gerber, M. R., Carpenter, S. L., Dichter, M. E., . . . Vogt, D. (2016). Female veterans' preferences for counseling related to intimate partner violence: Informing patient-centered interventions. *General Hospital Psychiatry*, *40*, 33-38. doi:10.1016/j.genhosppsych.2016.03.001

SUMMARY: Female Veterans who experience intimate partner violence (IPV) may struggle in finding the best ways to deal with emotional distress and fear for physical safety. This study examined priorities and preferences for healthcare-based IPV counseling for female Veterans. Findings indicated that women desired more specific focuses than what current IPV-related counseling sessions cover.

KEY FINDINGS

- Female Veterans indicated they would like more attention to and support for physical safety and emotional health as topics of focus in intimate partner violence (IPV) counseling.
- Participants reported a greater need for counseling to also focus more on enhancing coping skills and managing mental health symptoms.
- Women wanted counseling to be personalized and preferred to meet with a counselor immediately following disclosure.

IMPLICATIONS FOR PROGRAMS

Programs could:

- Provide workshops or classes to Service members and their families on available resources for handling IPV
- Educate military families on IPV-related information, including understanding the effects of IPV on self and children
- Disseminate information on free counseling as well as individual counseling with flexible hours, especially for individuals who have experienced IPV

IMPLICATIONS FOR POLICIES

Policies could:

- Encourage training for community providers who work with military families on how to help these families cope with stress and build skills of self-efficacy
- Support the development of programming that helps Service members and their families understand the negative effects of IPV
- Continue to promote further research examining the effectiveness of patient-centered IPV counseling

This product is the result of a partnership funded by the Department of Defense between the Office of Military Community and Family Policy and the USDA's National Institute of Food and Agriculture through a grant/cooperative agreement with The University of Minnesota.







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METHODS

- This study collected data from female Veterans through the Women Veterans and IPV-Related Care Survey using a random sample through KnowledgePanel, a web-based survey panel.
- Female Veterans completed an anonymous survey about lifetime IPV, preferences for general and specific content focus of IPV-related counseling, and health care delivery.
- Rankings of preferences (e.g., low, medium, and high priority) for each type of counseling and health service were assessed to determine the effectiveness of brief counseling interventions.

PARTICIPANTS

- The sample included 411 female Veterans with 225 females (55%) who reported experiencing lifetime IPV; 39% reported physical IPV, 54% reported sexual IPV, and 86% reported psychological IPV.
- A majority (63%) of the sample identified as White, 12% as Black, 16% Hispanic, and 9% other, with a mean age of 50 years (SD=13.3 years).
- Half of the female Veterans (54%) were married or living with a partner, and 34% had at least one child under the age of 18 years in their home.
- All military branches were represented in this study, including 44% Army, 24% Air Force, 23% Navy, 7% Marines, and 2% Coast Guard.

LIMITATIONS

- Measuring IPV is a sensitive topic, which could have altered the accuracy of the study's findings.
- Although preferences of IPV counseling and health care service delivery were assessed, the study was limited in understanding how effective each were to help female Veterans.
- The sample only included female Veterans, thus limiting the generalizability to other females who are not military Veterans.

AVENUES FOR FUTURE RESEARCH

Future research could:

- Include measures of outcomes as a result of IPV-related counseling to determine whether these sessions help to improve health and safety
- Assess the effectiveness and sustainability of patient-centered approaches that allow women to select specific focuses in IPV counseling sessions
- Utilize samples with all women who have experienced IPV to determine how specific topics of focus in IPV counseling may differ in female Service members and female civilian populations

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