

Women Veterans' Intimate Partner Violence Research: Improving screening and treatment in VHA care

Intimate partner violence (IPV) includes physical violence, stalking, sexual violence, and psychological aggression from a past or current intimate partner (e.g., spouse; dating or sexual partner). IPV experiences are common among women Veterans and are associated with negative physical health, mental health, and social outcomes. Research shows that women Veterans who experience IPV want Veterans Health Administration (VHA) support and resources, but do not consistently receive them. Ongoing research focuses on identifying and expanding best practices for IPV screening and treatment in routine VHA care.

Key Findings

Women Veterans experience high rates of intimate partner violence (IPV)

- Nearly 1 in 5 women Veterans using VHA primary care experienced IPV in the past-year¹
- Women Veterans are 1.6 times as likely to experience IPV in their lifetime compared to civilian women²
- Women Veterans often experience more than one type (e.g., physical, sexual, stalking, psychological) of lifetime and past-year IPV³

Risk factors for IPV among women Veterans include:

- Younger age⁴
- History of military sexual trauma⁴
- History of childhood sexual trauma⁴
- Financial hardship¹
- Homelessness¹
- Lesbian or bisexual orientation¹

Past-year IPV is associated with negative outcomes, including:

- Physical injury and poor physical health⁵
- Suicidal ideation and self-harm behaviors (2 times as likely for women Veterans with positive IPV screens)⁶
- Mental health disorders (more than 2 times as likely for women Veterans with positive IPV screens)⁷
- Future IPV revictimization and use of violence⁸

Women Veterans who experience IPV want VHA support and resources

- Women Veterans want VHA providers to directly ask about IPV, respond with support and validation, and offer referrals and resources⁹
- Middle age and older women Veterans continue to experience IPV and want VHA support, underscoring the importance of addressing IPV in women Veterans of all ages¹⁰
- Sensitive, trauma-informed approaches are needed to reduce barriers to women Veterans' IPV disclosure (e.g., shame, stigma, discomfort with provider, privacy concerns)^{9,10}

VHA is implementing routine IPV screening in its facilities, but barriers remain

- VHA recommends annual IPV screening (including brief risk assessment and provision of resources for those who report IPV) for all women Veterans¹¹
- However, even in VHA facilities that have adopted IPV screening practices, many women Veterans do not receive screening¹²
- Provider-reported barriers to screening include limited time and resources, discomfort addressing IPV, lack of training, and competing patient care priorities^{11,13}

Ongoing work focuses on expanding use of best practices related to IPV

- Recent initiatives focus on increasing provider capacity (e.g., via training, coaching calls, and implementation support) to administer IPV screenings in primary care^{13,14}
- Dissemination and implementation of an evidence-based, trauma-informed brief counseling intervention for IPV (*RISE: Recovering from IPV through Strength and Empowerment*) in VHA primary care is underway¹⁵

Funded VA Women's Health IPV Research Projects

COMPLETE: Intimate partner violence: patient characteristics, service use and experiences (Melissa Dichter, PhD, MSW, Oct 2015- Mar 2019). This study found that 8.7% of women Veteran VHA patients screened for past-year IPV had documentation of a positive screen. Positive screens were associated with increased mental health diagnosis, suicidality, housing instability, and healthcare utilization. *For more information:* melissa.dichter@va.gov

COMPLETE: Intimate partner violence screening programs in VHA: informing scale-up and spread of best practices (Katherine Iverson, PhD, Sep 2017- Aug 2018). This study identified successful practices and implementation strategies for integrating comprehensive IPV screening programs in VHA. *For more information:* katherine.iverson@va.gov

COMPLETE: Recovering from Intimate partner violence through Strengths and Empowerment (RISE): tailoring and evaluating a patient-centered counseling intervention for women Veterans (Katherine Iverson, PhD, Oct 2017- Sep 2021). RISE is an individualized and empowerment-based counseling intervention that improves women's psychosocial health. VHA is implementing it for patients of all gender identities. *For more information:* katherine.iverson@va.gov

ONGOING: Addressing intimate partner violence among women Veterans: evaluating the impact and effectiveness of VHA's response (Katherine Iverson, PhD, Nov 2019- Apr 2024). This project evaluates the impact of a coaching support strategy for enhancing the uptake and quality of IPV screening programs in VHA primary care. *For more information:* katherine.iverson@va.gov

ONGOING: Developing comprehensive screening and treatment for intimate partner violence perpetration (Galina Portnoy, PhD, Oct 2020- Sep 2025). This set of studies serves to develop the necessary tools and strategies for responding to IPV use among Veterans, including a validated brief screener for bidirectional IPV and an individualized IPV use intervention and manual. *For more information:* galina.portnoy@va.gov

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For More Information on:

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- **VA intimate partner violence assistance program:** <https://www.socialwork.va.gov/IPV/Index.asp>
- **VA Women's Health Research Network:** WHRN@va.gov

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