

DEPARTMENT OF VETERAN AFFAIRS



Congressionally Mandated Report: Prevalence of Intimate Partner Violence (IPV) Among Veterans

March 2023

Table of Contents

Background..... 1

Purpose..... 1

Statutory Requirements 1

Research Collaboration, Methods and Tools 2

Section A: Summary of Findings..... 3

Section B: Description of How the Department of Veterans Affairs Plans to Address Findings 5

Conclusion 6

Background

The Veterans Health Administration (VHA) is the largest integrated health care system in the United States, providing care at 1,293 health care facilities, including 171 Department of Veterans Affairs (VA) medical centers and 1,112 outpatient sites of care of varying complexity to over 9 million Veterans enrolled in the VA health care system. VHA's mission is to honor America's Veterans by providing exceptional health care that improves their health and well-being.¹

There are over 2.5 million women Veterans in the United States. Of that number, only about 800,000 use VA benefits and services. VA's goal is to bring women Veterans home to VA. To do that VA will focus on needs of women Veterans, namely in the areas of intimate partner violence (IPV), access, staff competency, research and data collection grounded in a culture devoid of harassment.

Purpose

The Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act (P.L.116-315) was signed into law on January 5, 2021, to update provision of Veteran benefits, particularly related to education, pandemic assistance, health care and homelessness. Title V of the Law, the Deborah Sampson Act, specifically addresses improving women Veterans' access to VA; increasing staff cultural competency; eliminating harassment and assault; data collection and reporting; and benefits pertaining to military sexual trauma. The Deborah Sampson Act (hereinafter "the Act") empowers the Center for Women Veterans (CWV) to meet these needs.

Section 5305 of the Act focuses on the conduct of a study and Task Force on Veterans Experiencing Intimate Partner Violence of Sexual Assault. The Act notes that the study will:

- "...include a literature review of all relevant research on intimate partner violence and sexual assault among veterans and spouses and intimate partners of veterans..." and
- "...examine the prevalence of the experience of intimate partner violence among women veterans, veterans who are minority group members..., urban and rural veterans" among other subgroups.

Statutory Requirements

On January 5, 2022, the Deborah Sampson Act was signed into law. Section 5305 of the Act directs VA to complete an assessment of IPV and sexual assault among Veterans and spouses and intimate partners of Veterans. Specifically, VA was required to execute the following tasks:

- (A) Conduct a literature review of all relevant research on intimate partner violence and sexual assault among Veterans and spouses and intimate partners of Veterans.

¹ Veterans Health Administration. About VA. <https://www.va.gov/health/aboutVHA.asp>. Retrieved April 21, 2022.

- (B) Examine the prevalence of the experience of IPV among: Women Veterans, Veterans who are minority group members; urban and rural Veterans; Veterans who are enrolled in a program under section 1720G of title 38, United States Code:
 - a. Veterans who are in intimate relationships with other Veterans and
 - b. Veterans who are described in more than one clause of this subparagraph.
- (C) Examine the prevalence of the perpetration of intimate partner violence by Veterans.
- (D) Provide recommendations to address the findings of the study.
- (E) Create a national task force to develop a comprehensive national program to address IPV and sexual assault, no later than 90 days after the completion of the study.

CWV, as designated to oversee VA's response to section 5305, engaged the VA Women's Health Research Network to coordinate design and conduct of the study.

Research Collaboration, Methods and Tools

CWV was charged with the conduct of the study and immediately began working with the VA Women's Health Research Network and VA IPV subject matter experts to review study approaches. This report describes three projects that resulted from these collaborations, including (1) a literature review, (2) a secondary analysis prevalence study and (3) a national expert panel.

Literature Review. CWV engaged the VA Evidence Synthesis Program (ESP) Coordinating Center to conduct the required literature review of all relevant research on IPV of Veterans. The process involved a rigorous review of all research studies, systematic reviews and reports published through July 2021 on prevalence of experienced IPV among Veterans and intimate partners of Veterans. The result was a thorough evidence brief report synthesizing what is known about the prevalence of experienced IPV among Veterans and intimate partners of Veterans. See Attachment A for the full report.

Secondary Analysis Prevalence Study. CWV communicated with senior VA leadership regarding the special challenges identified in implementation of a mandated prevalence study (or studies given the many Veteran subgroups included). An alternative approach capitalizing on previously conducted surveys (and thus existing data) to determine Veteran-related IPV prevalence was approved. The prevalence study identified a wide range of study designs used to examine IPV within Veteran samples. Included data sources varied by sampling methods, IPV definitions and instrumentation, sample size and data collection procedures. For example, some data sources were focused on specific clinical samples while others focused on broader samples of Veterans. These differences limit comparability and generalizability of available data and preclude us from establishing overall prevalence within requested subgroups. See Attachments B.1 and B.2 for the full report and supplemental information.

National Expert Panel. Although not a required element, it was recommended that CWV conduct an expert panel to help synthesize results from the literature review and secondary analysis prevalence study findings for use by the National Task Force. A national expert panel was convened to address Veteran-related IPV prevalence, risk factors, consequences and interventions. Expert panelist stakeholders included community representatives, decision-makers, health services providers and researchers. The multidisciplinary panel process followed an evidence-informed, structured process over 2 days of virtual meetings in July 2022 with pre- and post-panel surveys to come to consensus on evidence-based recommendations. See Attachment C for the full report.

CWV also collaborated with experts from the Office of Care Management and Social Work's Intimate Partner Violence Assistance Program (IPVAP); VA Center for the Study of Healthcare Innovation, Implementation and Policy, VA Greater Los Angeles Healthcare; Women's Health Sciences Division, National Center for Posttraumatic Stress Disorder; Center for Health Equity Research and Promotion, Philadelphia VA Medical Center; and the IPV Center for Innovation and Research Special Assignment Team.

Section A: Summary of Findings

IPV is a major public health concern with far-reaching consequences for individuals, families and communities. Rates of IPV appear to be higher in the Veteran population compared to civilian populations.

The activities described in this report were intended to enhance understanding of the scope of IPV among Veterans and their spouses.

Literature Review. The findings identified in the evidence brief report underscored the following regarding what we know about IPV among Veterans and their spouses:

1. Moderate and low strength evidence suggests that psychological/emotional IPV is the most common form of experienced and perpetrated IPV/SA among Veteran women and men, followed by physical IPV and sexual IPV.
2. Considerable variation in sampling, recruitment and data collection methods used among available studies limits the informativeness and quality of the overall body of evidence on IPV/sexual assault (IPV/SA) among Veterans and spouses/intimate partners of Veterans.
3. Most available evidence pertains to experienced IPV/SA among Veteran women and perpetrated IPV/SA use among Veteran men.
4. The following areas remain largely understudied:
 - a. IPV/SA experience among Veteran men,
 - b. IPV/SA use among Veteran women,
 - c. IPV/SA among minority Veterans and
 - d. IPV/SA among intimate partners/spouses of Veterans.

Secondary Analysis Prevalence Study. Overall findings demonstrated a high prevalence of IPV experience and use among Veterans. Among the representative samples

available for secondary analyses, prevalence of IPV experience (victimization) in the past year ranged from 27.3% to 45.0% and in the lifetime from 34.3% to 36.7%; prevalence of IPV use (perpetration) ranged from 43.5% to 48.0% and no datasets were available to assess lifetime prevalence of IPV use. In addition, potential bidirectional IPV was very common within the included datasets.

Key Findings:

1. There is a high prevalence of IPV experience and use among Veterans.
2. Rates of IPV experience and use may be considerably higher in subgroups but not enough data is available to ascertain trends for characteristics outside of binary gender.
3. Bidirectional IPV (both partners engaging in and experiencing IPV during the same or separate violent episode) may be common and high within the included samples.
4. There is significant lack of (1) IPV use data and (2) data capturing IPV among Veterans from minoritized and historically underrepresented demographic groups (for example, black, indigenous and people of color/BIPOC Veterans; lesbian, gay, bisexual, transgender, queer (LGBTQ+) Veterans; gender minority Veterans such as transgender or nonbinary Veterans; and Veterans with disability).
5. Findings indicate that prevalence of IPV experience among Veterans is quite high. Within the representative samples included rates of overall IPV experience ranged from 27.3% to 45.0% in the past year and 34.3% to 36.7% over the lifetime and rates of overall IPV use ranged from 43.5% to 48.0% in the past year.
6. Even at the lowest rate of lifetime IPV experience identified, over a quarter of Veterans reported experiencing IPV in their lifetimes (27.8%)². Rates of IPV use were higher than IPV experiences, with over two out of five Veterans reporting IPV use in the past year (43.5%)³. Two random samples of women-only depicted much higher (but similar) lifetime IPV experience rates (54.7% and 66.5%).
7. At least part of the sample is positive for IPV use and experience concurrently in the samples where rates for both total greater than 100% because at least a portion of Veterans report IPV use and experience within the same timeframe.
8. In follow up discussions with the study lead investigators, we were able to verify that the same participants within the sample were positive for IPV use and experience. This similarity in rates between IPV use and experience underscores the critical need to better understand bidirectional IPV among Veterans (that is; both partners engaging in and experiencing IPV either during the same or separate violent episode).

² Iverson, K.M., and Pogoda, T.K. (2015). Traumatic brain injury among women veterans: an invisible wound of intimate partner violence. *Medical Care* 2015;53 (4 Suppl 1):S112-119.

³ Ray, T.N., Esquivel, A.P., Woodall, K.A., and Stander, V.A. (2022). Rates of Intimate Partner Violence Experiences and Use by Demographic Subgroup: Millennium Cohort Study 2019-2021. Unpublished raw data. Center for Deployment Health Research, Naval Health Research Center, San Diego, CA.

National Expert Panel. The stakeholder panel addressed IPV definitions, existing prevalence data, risk factors, consequences, interventions and potential recommendations for practice, policy and research.

1. Panelists agreed that IPV should be defined (e.g., IPV includes current and former partners) and described by providing examples of IPV (e.g., forms beyond physical violence).
2. Overall, regarding IPV prevalence among Veterans, panel members were in agreement that IPV—both experience and use—is an important and prevalent health and health care issue for Veterans. Prevalence estimates vary substantively depending on the sampling strategies used in studies, complicating their aggregation into more precise population-based estimates, especially for subgroups of Veterans.
3. Several risk factors and consequences of IPV have been identified in the general literature. The panel indicated that there are additional risk factors relevant to Veteran’s experience or using IPV, including posttraumatic stress disorder and suicidality, as well as deployment-related stress on relationships due to prolonged separation. There was no agreement about IPV consequences that may be unique to Veterans beyond consequences identified in the general literature.
4. In examining IPV-related interventions, most interventions (screening, prevention, housing services, emergency department interventions, treatment for experienced IPV and health care provider training) were rated as important and panelists rated interventions for IPV use as likely the most impactful. The panel also agreed with the VA IPVAP’s guiding principles (person-centered, Veteran-centric, recovery-oriented and trauma-informed) as critical for program integrity and growth. However, panelists felt it was difficult to evaluate the level of implementation, suggesting the need for a formal program evaluation.
5. The panel’s broad-based recommendations for practice, policy and research provide a potential roadmap for the Section 5305 Task Force’s consideration. Panelists’ review, ratings and discussion of findings from evidence reports of IPV among Veterans brings together insights, experiences and perspectives of community members, providers, researchers and decision-makers to inform evidence-based strategies for addressing the complex needs of Veterans who experience or use IPV.

Section B: Description of How the Department of Veterans Affairs Plans to Address Findings

VA will address IPV in two areas: Clinical/Policy changes and Continued Research. Both areas will be supported under the IPV Task Force that will be formed in Calendar year 2023.

Clinical and policy updates:

- As IPVAP advancements are made and reinforced we will continue efforts to support IPV screening in VHA, particularly for Veterans of all genders and across settings to detect those impacted by IPV.

- Increasing funding and support for program development and evaluation of national IPVAP implementation.
- Enhancing clinician skills related to cultural competency to ensure that screening and treatment for IPV are administered within a cultural lens that attends to potential risk and protective factors and differences in violence conceptualization across Veteran subgroups. We will partner with the Veterans Experience Office (VEO) on measurement of the following: focusing on trust, ease, effectiveness, emotion and willingness to recommend.

Continuing Research:

- Establish accurate and representative IPV prevalence estimates among understudied Veteran subgroups through the development and conduct of a research study designed specifically for this purpose.
- Explore factors that impede Veterans from underrepresented groups from engaging in IPV research and examine the role of these sociodemographic factors in the impact of IPV, its consequences and the association to healthcare use.
- Increase understanding of bidirectional IPV among Veterans. This research is ongoing, and information will be used to enhance services offered.
- Move beyond prevalence to empirically exploring the efficiency of screening and innovative treatment interventions and focus on the development of new prevention and treatment strategies for IPV (including bidirectional IPV) with intentional recruitment and engagement of Veterans from understudied subgroups in the research process.
- Expand screening implementation to include screening for IPV use and connecting Veterans who use IPV to appropriate service and education. As IPV is identified, we will determine who executes (trauma-informed care) care with positive screens.
- Explore clinical factors that impact effective screening, education and intervention, competencies and potential validation of an effective short screening trigger question that could be embedded into other forms.

Conclusion

VA has existing efforts underway as well as proposed approaches that will address the issues identified in this assessment. Clinical and policy recommendations, further research and the creation of an IPV Task Force will be focus areas for fiscal year 2023.

Department of Veterans Affairs
March 2023