Clinical Utility of an Intimate Partner Violence Screening Tool for Female VA Patients

Katherine M. Iverson, Ph.D.
Women's Health Sciences Division of the National Center for PTSD and the Center for Organization, Leadership and Management Research,
VA Boston Healthcare System

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Poll Question #1

Which category describes your current role in working with women Veterans (select all that apply)?

- Primary care provider
- Mental health provider, substance use or other counselor
- Social worker, case manager (e.g., HUD-VASH)
- Administrator
- Researcher

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Poll Question #2

How often do you screen female patients for intimate partner violence?

- Most or all of the time
- Some of the time
- Rarely
- Never
- Not applicable

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Poll Question #3

For those who do screen for intimate partner violence, how often do you use a validated screening tool to facilitate this process?

- Most or all of the time
- Some of the time
- Rarely
- Never
- Not sure if it is validated

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VHA Domestic Violence Taskforce Recommendations

- VA is well-positioned to be a leader in provision of health care for those who use and/or experience IPV
  - Strong evidence-base for implementation of IPV screening to identify women who have experienced IPV ("victims") and provide relevant follow-up care

IPV Among Female Veterans

- Service Members and Veterans:
  - 19-30% of female service members and Veterans report IPV prior to enlisting in the military
  - At least 22% of women report physical or sexual IPV during military service
  - 33% of the general population of female Veterans report lifetime IPV (compared to 23.8% of non-Veteran women)

Campbell et al., 2003; Dichter et al., 2011; Merrill et al. 2006; Sadler et al., 2004

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IPV Among Female VA Patients

- VA Patients:
  - 24% past-year IPV among female VA patients under age 50
  - 50% - 74% lifetime IPV among women in VA primary care settings
  - 75% of WSDTT patients report lifetime IPV
  - Data on IPV among LGBT VA patients is lacking…this work is needed
    - For recent data from CDC, see: http://www.cdc.gov/ViolencePrevention/pdf/NISVS_SOfindings.pdf

Campbell et al., 2008; Iverson, unpublished; Latta, Elwy, Ngo, & Kelly, in submission; Murdoch & Nichol, 1995; Sadler et al., 2004

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Health Burden of IPV

- IPV is strongly associated with negative health outcomes that impact quality of life and carry a heavy economic and health care burden
  - Physical health (physical injuries, chronic physical health conditions, stress-related illnesses)
  - Mental health (PTSD, depression, anxiety, substance use, suicidality)
  - Revictimization (re-abuse from index or new partner)
  - Service utilization (2 to 4-fold increase)

Campbell, 2002; CDC, 2007; Iverson et al., 2012; Iverson et al., in press; Kelly, Skelton, Patel, & Bradley, 2011; Liebschutz & Rothman, 2012; Rivara et al., 2007

IPV Screening Has Benefits

- Screening allows for accurate identification of women experiencing IPV
- IPV screening can have important benefits for women's health, safety, and satisfaction with care
- Minimal adverse effects
- USPTF recommends screening of women ages 14-46
- IOM recommends routine screening of all women for IPV
- Guidance from VHA is forthcoming

Campbell et al., 2001; Institute of Medicine, 2011; Nelson, Bougatsos, & Blazina, 2012

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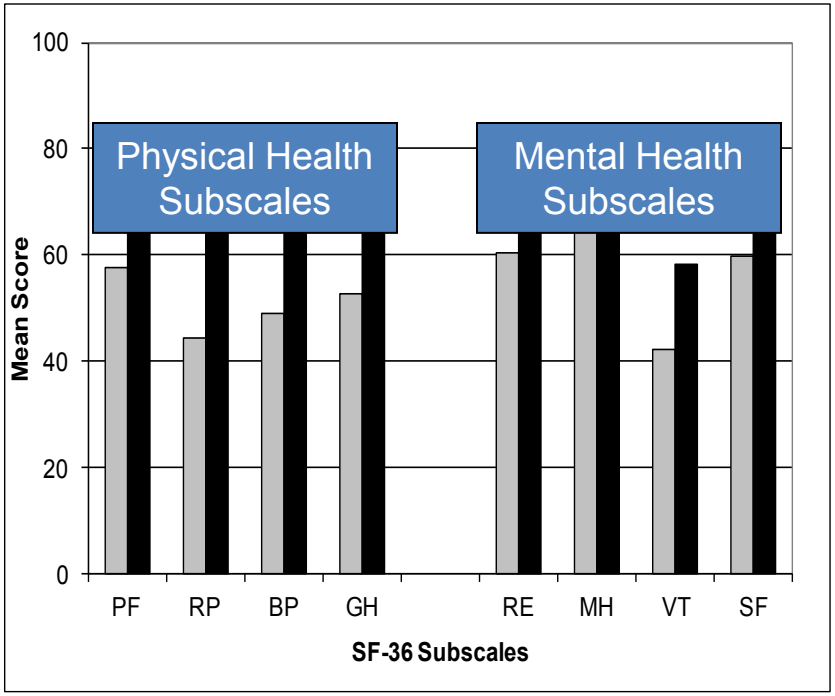
Screening Female VA Patients for IPV

- Feasible and accurate detection of IPV among female VA patients is a necessary first step
- Some VA clinics have implemented screening but most have not
- Accuracy of tools must be with VA patients
- *Female VA patients* (gray bar) *are different from their civilian counterparts* (black bar)



Frayne et al., 2006; Iverson, Wells, Wiltsey-Stirman, Vaughn, & Gerber, in submission;
Lehavot, Hoerster, Nelson, Jakupcak, & Simpson, 2012; Schnurr, 2010

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VHA

- VA is committed to improving the health and health care of female Veterans
  - Comprehensive
  - Gender-sensitive
- The number of women using VA services has nearly doubled in the past decade
- VA providers have the opportunity to detect IPV, provide appropriate support, and ensure a high standard of care to meet the multi-faced needs of women impacted by IPV

Frayne et al., 2010

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VA Provider Perspectives

- Qualitative study of VA primary care providers in VISN 1
- Themes
  - *IPV Screening of Female VA Patients Should Be Routine*
  - *Insufficient Awareness, Lack of Knowledge and Comfort Are Barriers to Screening*
  - *We Need Educational Trainings Specific To Identifying and Addressing IPV*
  - *Provide Us With Clinical Tools To Make IPV Screening Easy And Systematic*

Edwardsen, Dichter, Walsh & Cerulli, 2011; Iverson, Wells, Wiltsey-Stirman, Vaughn, & Gerber, in submission

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IPV Screening Tools

- Several IPV screening tools have demonstrated validity in detecting IPV in female patients across different medical settings
- Literature review → HITS*
  - Preliminary data with female VA patients
  - One of the most commonly studied tools, including evaluations in diverse populations
  - Decent psychometric properties
  - Easy to score
  - Includes psychological IPV assessment

Chan, Chan & Cheung, 2010; Chen, et al., 2007; Chen, Rovi et al., 2007; Coker et al., 2002; Latta et al., in submission; Pico-Alfonso et al., 2006; *Sherin, Sinacore, Li, Ritter, & Shakil, 1998

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HITS Screening Tool

- In the past 12 months, how often has your partner:
  1) Physically hurt you?
  2) Insult or talk down to you?
  3) Threaten you with harm?
  4) Scream or curse at you?
- Response options:

Never	Rarely	Sometimes	Fairly Often	Frequently
(1)	(2)	(3)	(4)	(5)

- Scores range from 4-20

Sherin et al., 1998

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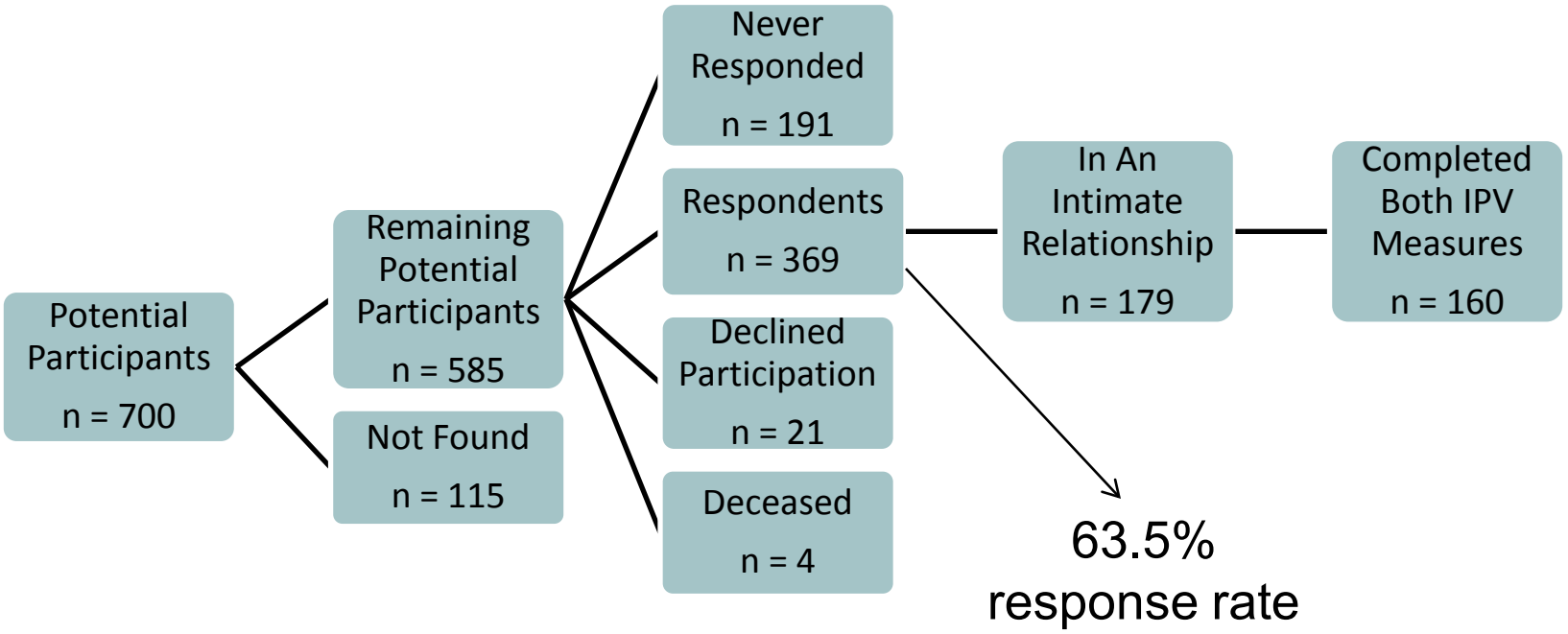
Specific Aims

- To investigate the accuracy of the HITS in identifying past-year IPV in direct comparison with a reference standard among a sample of VA patients
  - Sensitivity: % of women with IPV who are correctly identified as IPV+
  - Specificity: % of non-IPV exposed women who are correctly identified as IPV-
- To investigate the concurrent validity of the HITS in terms of its association with current psychological distress

Method

- Paper-and-pencil mail survey of female VA patients from VISN 1 focused on *Women's Interpersonal Relationships and Health*
  - Random selection of 700 female Veterans who used VISN 1 services in the year prior to survey administration
  - Multiple mailing survey methodology was employed
    1) IC fact sheet, survey packet and $10 incentive
    2) 2 weeks later: Thank you/Reminder postcard
    3) 2 weeks later: Second survey and $10 incentive

Method


Potential Participants
n = 700
Remaining Potential Participants
n = 585
Not Found
n = 115
Never Responded
n = 191
Respondents
n = 369
Declined Participation
n = 21
Deceased
n = 4
In An Intimate Relationship
n = 179
Completed Both IPV Measures
n = 160
63.5% response rate

Method: IPV Measurement

- Test Measure: HITS
- Criterion standard: *Revised Conflict Tactics Scales (CTS-2)
  - Most commonly used "gold-standard" in IPV screening literature (Nelson et al., 2012; Rabin et al., 2009)
    - Physical assault (e.g., throwing something at, shoving, punching, choking, and beating up) (α = .87)
    - Sexual coercion (e.g., being forced to do various sexual acts) (α = .79)
    - *Severe* psychological aggression (e.g., threatening to hit or throw something and destroying things) (α = .80)
  - Response options range from 0 ("never") to 6 (">20 times")
- IPV+ if participant reported any physical, sexual and/or *severe* psychological IPV

Straus, 2007; *Straus, Hamby, Boney-McCoy, & Sugarman, 1996

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Method: Measurement (cont.)

- Psychological distress:
  - PTSD Checklist (PCL; Weathers et al., 1991) (α = .97) to assess *probable* PTSD
  - Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977) (α = .82) to assess *probable* depression

Results: Sample Characteristics By IPV Status on CTS-2 (N = 160)

Respondent Characteristics	IPV + Women (n=46)	IPV – Women (n=114)
Age (years, mean *SD*)*	43.78 12.71	49.14 14.59
Race, *n* (%)*		
White	32 (69.6)	96 (84.2)
Non-White	14 (30.4)	18 (15.8)
Education, *n* (%)		
High school, GED, Vocational or Technical training	7 (15.2)	20 (17.5)
Some college	27 (58.7)	42 (36.8)
4-year college graduate or beyond	12 (26.1)	51 (44.7)
Household income, *n* (%)		
$15,000 or less	4 (8.7)	9 (7.9)
$15,001 - $25,000	8 (17.4)	14 (12.3)
$25,001 - $35,000	9 (19.6)	15 (13.2)
$35,001 - $50,000	9 (19.6)	21 (18.4)
$50,001 - $75,000	6 (13.0)	22 (19.3)
$75,001 - $100,000	3 (6.5)	14 (12.3)
$100,000 or more	5 (10.9)	8 (7.0)
Marital status, *n* (%)		
Married	27 (59.0)	65 (57.0)
Unmarried	19 (41.0)	49 (43.0)

*$p < .05$

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Results: IPV Experiences

- Of the 160 women, 46 (28.8%) reported past-year IPV on the CTS-2
- Among women who experienced IPV:
  - 12 (41.1%) reported physical aggression
  - 12 (41.1%) reported sexual aggression
  - 29 (63.0%) reported severe psychological aggression
    - 50% reported more than one form of aggression in the past year

Results

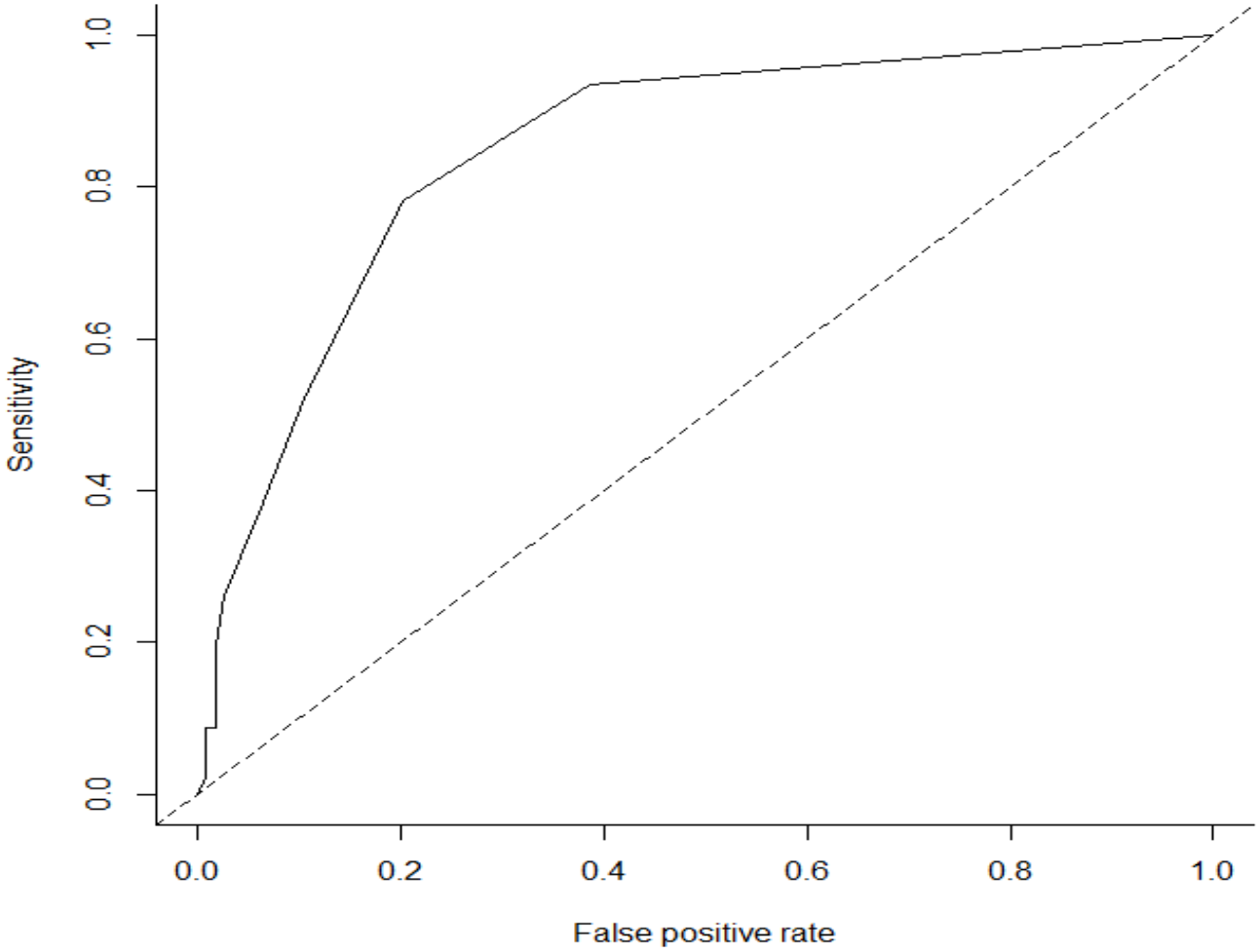

Figure 1. **Receiver operating characteristics (ROC) curve; entire sample (*N* = 160). Area under the curve = 0.85, *SE* = 0.03, CI: .78, .91.**

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Results

HITS Cutoff Scores	Sensitivity (95% CI)	Specificity (95% CI)
4	1.00 (.90, 1.00)	0.00 (0, .04)
5	0.94 (.81, .98)	0.61 (.52, .70)
6	0.78 (.63, .89)	0.80 (.71, .87)
7	0.52 (.37, .67)	0.89 (.82, .94)
8	0.37 (.24, .52)	0.94 (.87, .97)
9	0.26 (.15, .14)	0.97 (.92, .99)
10	0.20 (.10, .34)	0.98 (.93, .99)
11	0.09 (.03, .22)	0.98 (.93, .99)

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Results for Sexual IPV

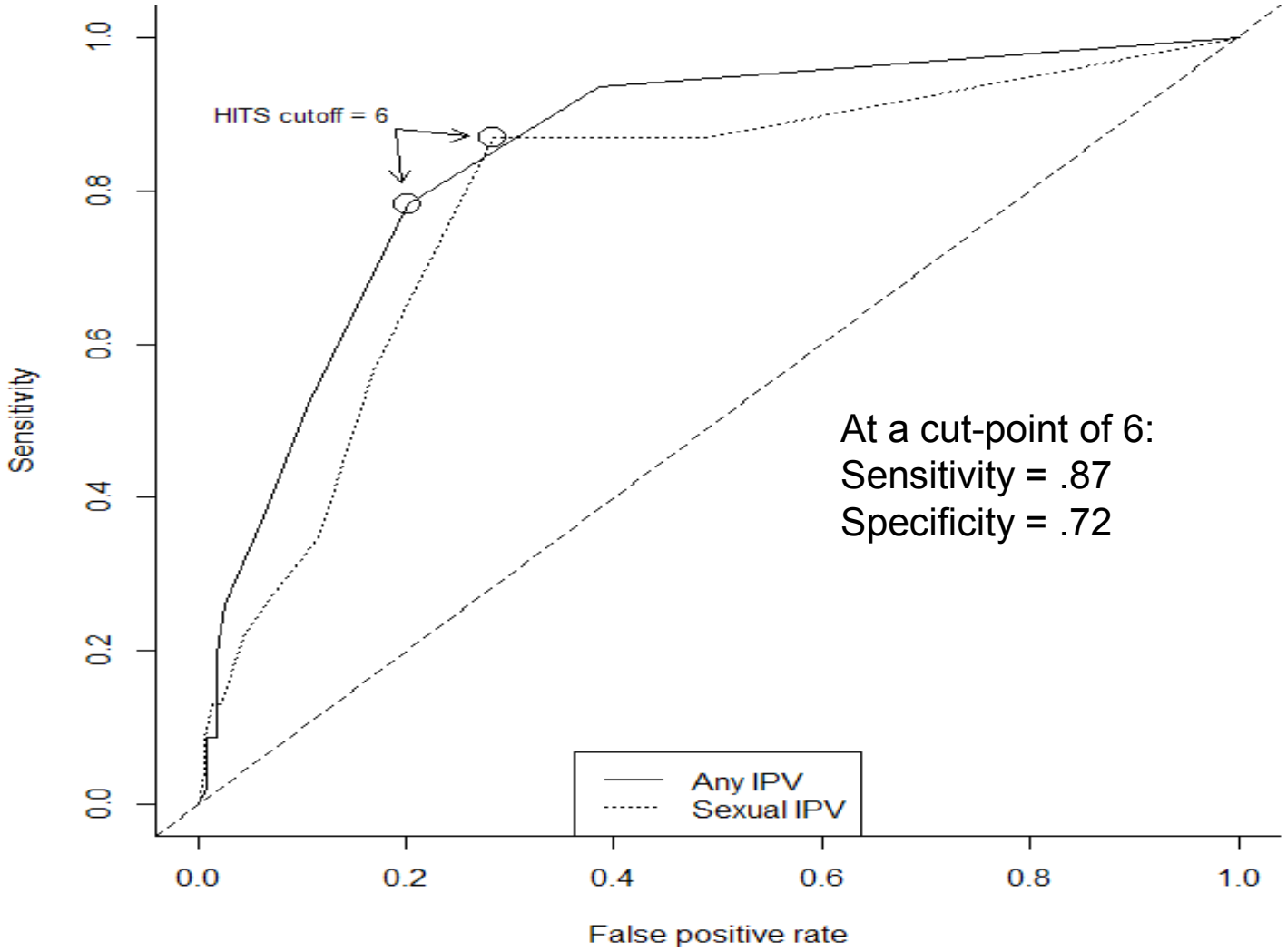

Figure 2. **Receiver operating characteristics (ROC) curve of the HITS (*N* = 160) for detecting sexual IPV (dotted line). The area under the curve = 0.79, *SE* = 0.05, CI: .69, .89.**

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Screening Status on the HITS is Associated with Current Distress

	Probable PTSD	Probable Depression
	Odds Ratio (95% CI)	Odds Ratio (95% CI)
IPV + on HITS	2.7 (1.30, 5.50)	3.5 (1.51, 8.01)

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Summary of Findings

- HITS accurately identifies female VA patients who have experienced past-year IPV
- Nearly 29% of women reported past-year IPV
- Identifying effective screening tools for a unique population is the first step in implementing systematic IPV screening and response programming within VA
- Use of HITS must be combined with an interdisciplinary approach to screening, assessment, and intervention

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IPV Screening Starts A Process!

- Comprehensive response includes:
  - Starting a more open-ended discussion
  - Acknowledge the patient's disclosure
    - Express concern for their safety and health
  - Ask the patient if they would like a referral to a social worker or other provider with specialized training in IPV or an IPV agency in the community
    - Risk and safety assessment
  - Provide education, hotline number (1-800-799-HELP; 1-800-799-7233), and empowerment
  - Let patients know their options, but do not tell him/her what to do
  - MH treatment is often an important resource

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IPV Response (cont.)

- Comprehensive response includes:
  - Know your states mandated reporting requirements
    - Most states do not mandate reporting for IPV, but some do (many have mandated reporting for child witness to severe IPV)
    - Tell the patient *ahead of time* if/what you are required to report
  - Talk to the patient about what you'd like to document in their medical records
  - Consult with your colleagues
- VA guidance is forthcoming

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Potential Benefits of IPV Screening and Response Programming

- Targeted care for a major underlying cause of health problems
- Improvements in patients' safety, physical and mental health
- Increased patient satisfaction with care
- Increased provider satisfaction
- Possible reductions in health care costs in the long-run

Burke, Kelley, Rudman, & McLeod, 2002; Campbell et al., 2001; Frayne, Saxe, & Robinson, 2000; McCauley et al., 1998; O'Campo et al., 2011;

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Helpful Resources

- See also Dr. Megan Gerber's Cyberseminar "IPV: An Overview for the VA Clinician"
  - http://www.hsrd.research.va.gov/for_researchers/cyber_seminars/archives/video_archive.cfm?SessionID=612
- Futures Without Violence
  - http://www.futureswithoutviolence.org/
- National Center for PTSD webpage on IPV
  - http://www.ptsd.va.gov/public/pages/domestic-violence.asp
- National HSR&D Work Group on IPV
  - Co-Chairs: Kate Iverson and Melissa Dichter

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Thank you!

My Contact Information:

Katherine.Iverson@va.gov

Women's Health Workgroups

Workgroup Name	Workgroup Chair
Post Traumatic Stress Disorder	Keren Lehavot
Chronic Pain	Erin Krebs
Substance Use Disorders	Michael Cucciare
Intimate Partner Violence	Kate Iverson & Melissa Dichter
Qualitative Research	Alison Hamilton
Access/Disparities	Sonya Borrero
Military Sexual Trauma	Rachel Kimerling
Reproductive Health	Kristin Mattocks
Lesbian, Gay, Bisexual, Transgender	Kristin Mattocks

To join a workgroup please contact Ruth Klap at Ruth.Klap@va.gov

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