

Capsule Commentary on Kimerling et al., Prevalence of Intimate Partner Violence among Women Veterans who Utilize Veterans Health Administration Primary Care

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The authors used a nationally representative sample ($N=6287$) of women receiving primary care through the Veterans Health Administration (VHA) to (1) assess prevalence of intimate partner violence (IPV) in the past 12 months and (2) identify patient demographic, military, and health services utilization factors associated with past-year IPV. Prevalence of past-year IPV was 18.5 %. Factors associated with IPV included economic hardship, sexual minority status, being a parent/guardian, past military sexual trauma, fewer years of military service, use of VHA as usual provider, higher health services utilization, and poorer continuity of care.¹

The authors achieved a response rate of 84 % and performed sensitivity analyses for non-response. They used a well-validated screening tool and included important covariates. Limitations include lack of data on veterans not using VHA and use of a telephone interview. Additionally, in studies estimating past-year rates, telescoping can result in inaccuracies.²

In contrast to prior studies, rates of past-year IPV among female veterans were similar to the general population. This analysis may underestimate true prevalence. This survey only included women who had at least one primary care visit in the prior year; women experiencing IPV may be less likely to seek care.³ Additionally, women who are experiencing IPV may be more likely change contact information, making them more difficult to reach.⁴

This analysis highlights the significant relationship between socioeconomic hardship and IPV. Nearly 40 % of homeless women reported past-year IPV. Financial stressors may make

it more difficult for these women to distance themselves from an abusive partner, yet providers may not be aware of a patient's socioeconomic situation. It is important for VHA to identify socioeconomic risk factors, screen for IPV among these at-risk women, and provide supportive services to help women safely leave abusive situations.

Women using VHA as a usual provider, as well as women with more frequent visits, were more likely to report IPV. This means VHA has frequent opportunities to screen and provide services. VHA should work to build trusting relationships between patients and providers, as trust is a major factor in whether women who are screened disclose IPV.⁵

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Compliance with Ethical Standards:

Conflicts of Interest: Dr. Thomas has no conflicts of interest to disclose.

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