LETTERS

Screening for Intimate Partner Violence at VA EDs: The Time Is Now

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To the Editors:—Intimate partner violence is a serious societal problem and contributes significantly to negative health consequences. The recently published editorial by Mitchell D. Feldman focused on this crisis and recommended routine screening by primary care providers. Recent publications have discussed screening for IPV at Veterans Health Administration (VHA) Centers.^{1–3}

We agree with Dr. Feldman's recommendations, and also strongly recommend that screening be routinely instituted in all EDs. This is particularly the case at VHA EDs. Women veterans frequently face physical, psychological and social challenges resulting from military sexual trauma. Screening for military sexual trauma is currently performed at VHA clinics, and is currently being introduced as part of ED protocols.^{1,4} Screening for IPV should also be incorporated into VHA ED protocols.

Lifetime exposure to intimate partner violence among women Veterans is estimated at 33 %. Intimate partner violence is linked to negative mental health consequences, substance abuse, depression, increased rates of suicide attempts, sleep disturbance and chronic health problems. In 2012, the United States Preventive Services Task Force recommended routine screening of all women of child-bearing age for abuse and intimate partner violence (IPV). The American College of Emergency Physicians subsequently issued a policy that such screening should be performed in emergency department

settings. Screening for IPV is also recommended by the National Center of Injury Prevention and Control, as well as the American Medical Association. Screening for IPV should be instituted at VHA EDs nationally, given the scope and negative consequences of this problem.

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