











# → The Facts on Health Care and Domestic Violence

Domestic violence is a health care problem of epidemic proportions. In addition to the immediate trauma caused by abuse, domestic violence contributes to a number of chronic health problems, including depression, alcohol and substance abuse, sexually transmitted diseases such as HIV/AIDS, and often limits the ability of women to manage other chronic illnesses such as diabetes and hypertension. Despite these facts, a critical gap remains in the delivery of health care to battered women, with many providers discharging a woman with only the presenting injuries being treated, leaving the underlying cause of those injuries not addressed.

## Prevalence:

- Nearly one-third of American women (31 percent) report being physically or sexually abused by a husband or boyfriend at some point in their lives.<sup>i</sup>
- In 2001, about 85 percent of victimizations by intimate partners were against women (588,490) and 15 percent of victimizations were against men (103,220).<sup>ii</sup>
- A 1994 study conducted at a large health plan in Minneapolis and St. Paul, Minnesota found that an annual difference of \$1,775 more was spent on abused women who utilized hospital services than on a random sample of general enrollees. The study concluded that early identification and treatment of victims and potential victims will most likely benefit health care systems in the long run.<sup>iii</sup>
- Emerging research indicates that hospital-based domestic violence interventions will reduce health care costs by at least 20 percent.<sup>iv</sup>

## Health Consequences of Domestic Violence:

- In 1994, 37 percent of all women who sought care in hospital emergency rooms for violence-related injuries were injured by a current or former spouse, boyfriend or girlfriend.<sup>v</sup>
- In 2000, 1,247 women, more than three a day, were killed by their intimate partners.<sup>vi</sup>
- In addition to injuries sustained during violent episodes, physical and psychological abuse are linked to a number of adverse physical health effects including arthritis, chronic neck or back pain, migraine and other frequent headaches, stammering, problems seeing, sexually transmitted infections, chronic pelvic pain, and stomach ulcers.<sup>vii</sup>

## Pregnancy and Domestic Violence:

- Each year, about 324,000 pregnant women in this country are battered by their intimate partners.<sup>viii</sup>
- Complications of pregnancy, including low weight gain, anemia, infections, and first and second trimester bleeding are significantly higher for abused women,<sup>ix</sup> as are maternal rates of depression, suicide attempts, tobacco, alcohol, and illicit drug use.<sup>x</sup>
- Pregnant and recently pregnant women are more likely to be victims of homicide than to die of any other cause,<sup>xi</sup> and evidence exists that a significant proportion of all female homicide victims are killed by their intimate partners.<sup>xii</sup>

## Children's Health and Domestic Violence:

- Children who witness domestic violence are more likely to exhibit behavioral and physical health problems including depression, anxiety, and violence towards peers.<sup>xiii</sup> They are also more likely to attempt suicide, abuse drugs and alcohol, run away from home, engage in teenage prostitution, and commit sexual assault crimes.<sup>xiv</sup>
- Fifty percent of men who frequently assault their wives frequently assault their children,<sup>xv</sup> and the U.S. Advisory Board on Child Abuse and Neglect suggests that domestic violence may be the single major precursor to child abuse and neglect fatalities in this country.<sup>xvi</sup>

## Identification of Domestic Violence:

- A recent study found that 44 percent of victims of domestic violence talked to someone about the abuse; 37 percent of those women talked to their health care provider.<sup>xvii</sup> Additionally, in four different studies of survivors of abuse, 70 percent to 81 percent of the patients studied

reported that they would like their healthcare providers to ask them privately about intimate partner violence.<sup>xviii, xix, xx, xxi, xxii</sup>

- A 1999 study published in *The Journal of the American Medical Association* found that only ten percent of primary care physicians routinely screen for intimate partner abuse during new patient visits and nine percent routinely screen during periodic checkups.<sup>xxiii</sup>
- Recent clinical studies have proven the effectiveness of a two minute screening for early detection of abuse of pregnant women.<sup>xxiv</sup> Additional longitudinal studies have tested a ten minute intervention that was proven highly effective in increasing the safety of pregnant abused women.

<sup>i</sup> *Health Concerns Across a Woman's Lifespan: 1998 Survey of Women's Health*. 1999. The Commonwealth Fund. New York, NY.

<sup>ii</sup> Rennison, Callie Marie and Sarah Welchans. 2003. *Intimate Partner Violence 1993-2001*. U.S. Department of Justice Bureau of Justice Statistics. Washington, DC. Retrieved January 9, 2004. <http://www.ojp.usdoj.gov/bjs/abstract/ipv01.htm>.

<sup>iii</sup> Wisner, C., Gilmer, T., Saltzman, L., & Zink, T. 1999. "Intimate Partner Violence Against Women: Do Victims Cost Health Plans More?" *The Journal of Family Practice*, 48(6).

<sup>iv</sup> Burke, E., Kelley, L., Rudman, W. Ph.D & MacLeod. *Initial findings from the Health Care Cost Study on Domestic Violence*. Pittsburgh, PA.

<sup>v</sup> Rand, Michael R. 1997. *Violence-related Injuries Treated in Hospital Emergency Departments*. U.S. Department of Justice, Bureau of Justice Statistics. Washington, DC.

<sup>vi</sup> Rennison, Callie Marie and Sarah Welchans. 2003. *Intimate Partner Violence 1993-2001*. U.S. Department of Justice Bureau of Justice Statistics. Washington, DC. Retrieved January 9, 2004. <http://www.ojp.usdoj.gov/bjs/abstract/ipv01.htm>.

<sup>vii</sup> Coker, A., Smith, P., Bethea, L., King, M., McKeown, R. 2000. "Physical Health Consequences of Physical and Psychological Intimate Partner Violence." *Archives of Family Medicine*. 9.

<sup>viii</sup> Gazmararian JA; et al. 2000. "Violence and Reproductive Health; Current Knowledge and Future Research Directions." *Maternal and Child Health Journal*. 4(2):79-84.

<sup>ix</sup> Parker, B., McFarlane, J., & Soeken, K. 1994. "Abuse During Pregnancy: Effects on Maternal Complications and Infant Birthweight in Adult and Teen Women." *Obstetrics & Gynecology*. 84(1): 323-328.

<sup>x</sup> McFarlane, J., Parker B., & Soeken, K. 1996. "Abuse during Pregnancy: Association with Maternal Health and Infant Birthweight." *Nursing Research*. 45: 32-37.

<sup>xi</sup> McFarlane, J., Parker, B., & Soeken, K. 1996. "Physical Abuse, Smoking and Substance Abuse During Pregnancy: Prevalence, Interrelationships and Effects on Birthweight." *Journal of Obstetrical Gynecological and Neonatal Nursing*. 25: 313-320.

<sup>xii</sup> Horon, I., & Cheng, D. 2001. "Enhanced Surveillance for Pregnancy-Associated Mortality - Maryland, 1993 - 1998." *The Journal of the American Medical Association*. 285(11)

<sup>xiii</sup> Frye, V. 2001. "Examining Homicide's Contribution to Pregnancy-Associated Deaths." *The Journal of the American Medical Association*. 285(11).

<sup>xiv</sup> Jaffe, P. and Sudermann, M. 1995. "Child Witness of Women Abuse: Research and Community Responses." In *Understanding Partner Violence: Prevalence, Causes, Consequences, and Solutions*, vol. 3 edited by S. Stith, and M. Straus. Minneapolis, MN: National Council on Family Relations.

<sup>xv</sup> Wolfe, D.A., Wekerle, C., Reitzel, D. and Gough, R. 1995. "Strategies to Address Violence in the Lives of High Risk Youth." In *Ending the Cycle of Violence: Community Responses to Children of Battered Women*, edited by E. Peled, P.G. Jaffe, and J.L. Edleson. New York, NY: Sage Publications.

<sup>xvi</sup> Straus, M., Gelles, R., and Smith, C. 1990. *Physical Violence in American Families: Risk Factors and Adaptations to Violence in 8,145 Families*. New Brunswick: Transaction Publishers.

<sup>xvii</sup> *A Nation's Shame: Fatal Child Abuse and Neglect in the United States: Fifth Report*. 1995. U.S. Advisory Board on Child Abuse and Neglect. Department of Health and Human Services, Administration for Children and Families. Washington, DC.

<sup>xviii</sup> The Dorchester Community Roundtable Coordinated Community Response to Prevent Intimate Partner Violence. 2003. RMC Research Corporation. Portsmouth, New Hampshire.

<sup>xix</sup> Caralis P, Musialowski R. 1997. "Women's Experiences with Domestic Violence and Their Attitudes and Expectations Regarding Medical Care of Abuse Victims." *South Medical Journal*. 90:1075-1080.

<sup>xx</sup> McCauley J, Yurk R, Jenckes M, Ford D. 1998. "Inside 'Pandora's Box': Abused Women's Experiences with Clinicians and Health Services." *Archives of Internal Medicine*. 13:549-555.

<sup>xxi</sup> Friedman L, Samet J, Roberts M, Hudlin M, Hans P. 1992. "Inquiry About Victimization Experiences: A Survey of Patient Preferences and Physician Practices." *Archives of Internal Medicine*. 152:1186-1190.

<sup>xxii</sup> Rodriguez, M, Quiroga, SS, Bauer, H. 1996. "Breaking the Silence: Battered Women's Perspectives on Medical Care." *Archives of Family Medicine*. 5:153-158.

<sup>xxiii</sup> Rodriguez, M, Bauer, H., McLoughlin, E., Grumbach, K. 1999. "Screening and Intervention for Intimate Partner Abuse: Practices and Attitudes of Primary Care Physicians." *The Journal of the American Medical Association*. 282(5).

<sup>xxiv</sup> Soeken, K., McFarlane, J., Parker, B. 1998. "The Abuse Assessment Screen. A Clinical Instrument to Measure Frequency, Severity and Perpetrator of Abuse Against Women." *Beyond Diagnosis: Intervention Strategies for Battered Women and Their Children*. Thousand Oaks, CA: Sage.

<sup>xxv</sup> McFarlane, J., Parker, B., Soeken, K., Silva, C., & Reel, S. 1998. "Safety Behaviors of Abused Women Following an Intervention Program Offered During Pregnancy." *Journal of Obstetrical, Gynecological and Neonatal Nursing*, January 1998.