Domestic violence is so common among women that doctors should be doing more to detect cases and get their patients the help they need, according to the authors of two new studies.

Researchers from Group Health Cooperative’s Center for Health Studies randomly surveyed about 3,500 women who had been with the health maintenance organization for at least three years. All were between 18 and 64. Most were educated, employed and insured.

About 44 percent of the women in the study said they’d been physically, psychologically or sexually assaulted by a partner in their lifetimes. That’s consistent with previous estimates, but the women who participated in this study were more mainstream than those often considered most at risk for domestic violence, said Dr. Robert Thompson, senior investigator at the Center for Health Studies and lead author of one of the studies.

“Look, these are regular, walking-around-type people,” said Thompson. “This doesn’t only happen to the poor and the single. This is mainline America.”


Thompson said doctors are often reluctant to broach the sensitive subject. They also may not know what to do if a patient reveals she’s being attacked by her partner, he said.

The second study found that women who’ve been recently abused or have experienced long-term abuse have poorer physical and mental health. Their support network is also smaller.

For example, women in the study who’d been abused within the past five years were four times more likely than other women to have symptoms of severe depression in addition to at least one other physical symptom, including nausea, back pain, chest pain and headaches.

They were also three times as likely to describe their health as fair or poor.

Although physical abuse was associated with the worst health for women, psychological abuse, such as put-downs, controlling behavior and threats, also affected the women’s health.
“We need billboards that say ‘Being called names by a partner is hazardous to your health,’” said Amy Bonomi, senior research associate at the Center for Health Studies and lead author of the second paper.

Thompson said he’d like Group Health to add questions about domestic violence to the organization’s standard health questionnaire.

“It’s pretty clear to me that what needs to happen is (to make the question) universal,” Thompson said.

In Northern California, Kaiser Permanente has tripled the number of domestic-violence cases identified among its patients since stepping up efforts to screen all women, including adding questions about abuse to health forms, according to Brigid McCaw, medical director of the Family Violence Prevention Program at Northern California Kaiser Permanente.

In addition, Kaiser is finding more patients during ordinary primary care visits before they land in the emergency room with serious injuries, McCaw said.

Merril Cousin, executive director of the King County Coalition Against Domestic Violence, said physicians are well-situated to find out what’s happening in women’s lives.

Because battered women are often socially isolated (sometimes at the insistence of their partner), a doctor’s office might be the only place they’re alone with someone else, said Kelly Starr, who reviews fatalities related to domestic violence for the Washington State Coalition Against Domestic Violence.

“People don’t necessarily call the police or a domestic-violence program, but they do see a doctor or talk to family and friends,” Starr said.

If doctors are asking all women, that could reduce the stigma of talking about domestic violence, Cousin said.

“When I go to the doctor, I get asked about my caffeine intake, how fast I drive my car, how much alcohol I drink. ... We know that intimate partner violence is as serious a concern as any of those other things.”


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