SEATTLE, May 16 — Domestic violence has struck nearly half of all women, about 44%, at some point during their adult lives, according to a survey.

Considerably fewer women, about 15%, reported domestic violence within the past five years, and that figure fell to about 8% for incidents in the past year, reported Robert S. Thompson, M.D., of the Group Health Center for Health Studies here in the June issue of the American Journal of Preventive Medicine.

The study analyzed data from telephone interviews of more than 3,500 women enrolled in the Group Health Cooperative (GHC), a large non-profit health maintenance organization serving Washington State and northern Idaho.

“The findings are important in helping to establish that the prevalence is very high in educated, employed U.S. women with healthcare coverage, which indicates that intimate partner violence is a problem for the entire population, not just certain subgroups,” Dr. Thompson and colleagues said.

The study distinguished between physical abuse, which included hitting, shoving, or forced sex, and non-physical abuse, such as angry threats. About 34% of women reported any type of physical abuse during their lifetime, and about 35% reported any type of non-physical abuse. About 11% reported forced sex at some time during their life.

About half (45%) of abused women suffered more than one type of abuse, the study found.

These findings “constitute cause enough to mount and evaluate major interventional ‘best-practice’ efforts for intimate partner violence in day-to-day medical practice as has been proposed,” the authors said.

These efforts should employ universal routine questioning in health history questionnaires either on computer or paper and include links to or information about community resources for victims, they added.

Unfortunately, “evidence on the effectiveness of screening in reducing violence or improving women’s health is seriously lacking. Evidence is also lacking on interventions that have lasting
effects in reducing intimate partner violence,” said James S. Marks, M.D., and Elaine F. Cassidy, Ph.D., of the Robert Wood Johnson Foundation, in an accompanying editorial.

Given this state of affairs, they asked what the most appropriate response of clinicians should be.

“We know of a condition that is exceedingly common, which leads to serious health risks for many women, and can have a negative impact on entire families,” the authors said.

“However, there are glimmers of hope that effective programs exist,” the editorialists said. For example, results from a recent randomized, controlled trial showed that women from low-income backgrounds who received nurse visits during pregnancy and their children’s infancies reported less domestic violence and fewer child abuse incidents over time than controls, Drs. Marks and Cassidy added.

“These findings suggest that some efforts work to reduce intimate partner violence among certain groups, but it is clear that more work is needed to create and identify additional options that might help those affected by intimate partner violence,” they said.

Another study in the same issue of the journal emphasized the negative health consequences of domestic violence. Compared with women who had never experienced domestic violence, those who had suffered any type were nearly three times more likely to report symptoms of severe depression (odds ratio=2.6; 95% confidence interval=1.9 to 3.6), according to Amy Bonomi, Ph.D., also of the Group Health Center for Health Studies in Seattle.

And women who had experienced recent physical or sexual violence were about three times more likely to report being in only fair or poor health (OR=2.81; 95% CI=1.54 to 5.13), Dr. Bonomi and colleagues found.

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