



VIOLENCE AGAINST WOMEN ACT 2005

TITLE V - HEALTH CARE RESPONSE

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, and sexually transmitted diseases such as HIV/AIDS. It also can limit women's ability to manage other chronic illnesses such as diabetes and hypertension.ⁱ Domestic violence is connected to 8 of the 10 leading health indicators in the Department of Health and Human Services' Healthy People 2010 Goals, including substance abuse, obesity and mental health.

Despite these facts, a critical gap remains in the delivery of health care to victims of physical and sexual violence, with many providers discharging a woman after treating only the visible injuries and leaving the underlying cause of those injuries unaddressed. Because domestic and sexual violence are so prevalent and have such detrimental health and social consequences, there is an urgent need for more serious and ongoing attention from the health care system and from our elected officials. Federal legislation can make a difference and improve how the health care system responds to this critical issue.

As Congress prepares to reauthorize VAWA in 2005, we have an opportunity to help prevent and end domestic violence, dating violence and sexual assault by improving the health care system's response. The health care system has a responsibility and a unique opportunity to address domestic violence, particularly before it becomes life threatening. The health care strategy included in the next reauthorization of VAWA should include provisions that would:

- Train health care providers and students in health professional schools how to identify victims of domestic and sexual violence; ensure their immediate safety; document their injuries; and refer them to appropriate services.
- Promote public health programs that integrate domestic and sexual violence assessment and intervention into basic care, as well as encourage collaborations between health care providers, public health programs, and domestic violence programs.
- Provide for domestic and sexual violence screening and treatment services through federal health programs to increase screening, identification, treatment and referral for lifetime exposure to domestic and sexual violence, with a specific emphasis on programs that reach pregnant women and new mothers.
- Support research and evaluation on effective interventions in the health care setting to improve abused women's health and safety and prevent initial victimization.

PREVALENCE

- 25-31% percent of American women report being physically or sexually abused by a husband or boyfriend at some point in their lives,^{ii, iii} and from 3 million to 10 million children witness that abuse each year.^{iv}
- The costs of intimate partner violence exceed \$5.8 billion each year, \$4.1 billion of which is for direct medical and mental health care services.^v
- A study of a large health plan in Minneapolis and St. Paul, Minnesota found that \$1,775 more was spent each year 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.^{vi}

HEALTH CONSEQUENCES

- In 1994, 37% 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.^{vii}

- Pregnant and recently pregnant women are more likely to be victims of homicide than to die of any other cause,^{viii} and evidence exists that a significant proportion of all female homicide victims are killed by their intimate partners.^{ix}
- Women victimized by abuse are more likely to be diagnosed with serious health problems including depression, panic attacks, high risk behaviors such as tobacco and substance abuse and sexual risk taking, as well as migraines, chronic pain, arthritis, high blood pressure, gastrointestinal problems, inconsistent use of birth control, and delayed entry into prenatal care.^x
- A 1999 study published in *The Journal of the American Medical Association* found that only 10% of primary care physicians routinely screen for intimate partner abuse during new patient visits and 9% routinely screen during periodic checkups.^{xvi}

IDENTIFICATION

- A recent study found that 44% of victims of domestic violence talked to someone about the abuse; 37% of those women talked to their health care provider^{xi} and in 4 different studies of survivors of abuse, 70-81% of the patients studied reported that they would like their healthcare providers to ask them privately about intimate partner violence.^{xii,xiii, xiv, xv}

The programs described here are proposals under consideration for inclusion in the VAWA reauthorization bill that Members of Congress will introduce in early 2005. As the bill has not been finalized, we cannot be certain that the proposals will be included as described in this document.

ⁱ 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.

ⁱⁱ Tjaden, Patricia and Nancy Thoennes. 2000. *Extent, Nature and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey*. The National Institute of Justice and the Centers for Disease Control and Prevention. Retrieved January 9, 2004.

ⁱⁱⁱ The Commonwealth Fund, *Health Concerns Across a Woman's Lifespan: 1998 Survey of Women's Health*, May 1999.

^{iv} Carlson, Bonnie E. (1984). Children's observations of interpersonal violence. Pp. 147-167 in A.R. Roberts (Ed.) *Battered women and their families* (pp. 147-167). NY: Springer. Straus, M.A. (1992). Children as witnesses to marital violence: A risk factor for lifelong problems among a nationally representative sample of American men and women. *Report of the Twenty-Third Ross Roundtable*. Columbus, OH: Ross Laboratories.

^v *Costs of Intimate Partner Violence Against Women in the United States*. 2003. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Atlanta, GA. Retrieved January 9, 2004. http://www.cdc.gov/ncipc/pub-res/ipv_cost/IPVBook-Final-Feb18.pdf

^{vi} 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).

^{vii} Rand, Michael R. 1997. *Violence-related Injuries Treated in Hospital Emergency Departments*. U.S. Department of Justice, Bureau of Justice Statistics. Washington, DC.

^{viii} Horon, I., & Cheng, D. 2001. "Enhanced Surveillance for Pregnancy-Associated Mortality - Maryland, 1993 - 1998." *The Journal of the American Medical Association*. 285(11)

^{ix} Frye, V. 2001. "Examining Homicide's Contribution to Pregnancy-Associated Deaths." *The Journal of the American Medical Association*. 285(11),

^x 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.

^{xi} The Dorchester Community Roundtable Coordinated Community Response to Prevent Intimate Partner Violence. 2003. RMC Research Corporation. Portsmouth, New Hampshire.

^{xii} 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.

^{xiii} 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.

^{xiv} 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.

^{xv} Rodriguez M, Quiroga SS, Bauer H. 1996. "Breaking the Silence: Battered Women's Perspectives on Medical Care." *Archives of Family Medicine*. 5:153-158.

^{xvi} 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).