Policy Context

The Institute of Medicine estimates that domestic violence affects one in four American women and one in 14 men during their lifetime. An estimated five million women are physically, sexually, or emotionally abused by their partners each year. Domestic violence is the most common cause of injury in women aged 18–44 and is associated with medical and mental health conditions for victims and their children. Domestic violence also increases victims’ risk of obstetric complications, low birth weight infants, and chronic conditions, such as heart disease, stroke, and asthma.

For almost two decades, the American Medical Association, the American Academy of Pediatrics, the American College of Obstetrics and Gynecology, and the American College of Physicians have recommended routine screening for domestic violence. Last year, the U.S. Department of Health and Human Services (HHS) endorsed a recommendation from the Institute of Medicine (IOM) that domestic violence screening and counseling be included as a core women’s preventive service starting in August 2012.

Recently, the U.S. Preventive Services Task Force released a draft recommendation supporting routine domestic violence screening among women of child bearing age.

The Challenge

Integrating recommendations into clinical practice is challenging for any health condition, and particularly so for a complex and stigmatized condition such as domestic violence. Traditional methods, focusing primarily on clinician training, have shown limited improvement in identification, intervention, and referral for domestic violence. A 2007 study found fewer than 10 percent of primary care providers routinely screened patients for domestic violence during regular office visits. Rapid integration of the IOM/HHS and U.S. Preventive Services Task Force recommendations into clinical practice will require a new approach that makes use of the entire health care environment, rather than relying solely on the physician in the exam room.

Kaiser Permanente Solution

Over the past 10 years, Kaiser Permanente’s Northern California region has implemented, evaluated, and disseminated an innovative approach to domestic violence screening and intervention that includes four components:

- information for patients and a supportive environment that encourages disclosure;
- routine clinician screening and referral supported by online tools and resources;
on-site support services, including mental health care and/or access to a crisis line; and,

community linkages to domestic violence advocacy services.

These components are enhanced by clinical tools embedded in Kaiser Permanente’s electronic health record; quality improvement measures; multidisciplinary implementation teams; and, advice and call center scripts and protocols. Strong leadership facilitates the spread of best practices and ensures that domestic violence identification and referral are part of everyday patient care. Figure 1 depicts the interconnected components of Kaiser Permanente’s approach to preventing domestic violence.

**Figure 1: Systems Model for Intimate Partner Violence Prevention**


**Practical Implications and Transferability**

We are implementing the Northern California approach in our other regions, using online tools to support dissemination. In response to inquiries from other health care organizations, we have also made these tools publicly available on the Agency for Health Care Research and Quality’s Innovations Exchange and at the United Nations’ website for Ending Violence Against Women and Girls. Kaiser Permanente’s integrated model, robust electronic health record, and quality improvement measures provide an ideal environment for a systems approach to domestic violence screening and intervention. However, the four key components of the model can also be effective in many different types of care settings, from safety net clinics to solo physician practices to large medical centers.

For more information, please contact:
Kaiser Permanente Institute for Health Policy at http://www.kp.org/ihp

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4 See: www.hrsa.gov/womensguidelines/.


7 The absolute increase is much more than would have been expected on the basis of membership growth.