Institute for Health Policy

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Transforming the Health Care Response to Domestic Violence

- Domestic violence affects one in four American women and one in 14 men during their lifetime and is associated with medical and mental health conditions for victims and their children.
- Health care costs are at least 19% higher in women with a history of domestic violence.[1] Most health care settings do not consistently offer domestic violence screening and intervention.
- The U.S. Preventive Services Task Force (USPSTF) recommends routine domestic violence screening and counseling among women of childbearing age and it is considered a core women's preventive service under the Affordable Care Act.
- Kaiser Permanente implemented a systems model approach to domestic violence assessment, resulting in a 10-fold increase in identification of members experiencing domestic violence. This approach can be adapted for other health care settings.

Policy Context

The Institute of Medicine estimates that domestic violence affects one in four American women and one in 14 men during their lifetime.[2] 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.[3]

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. In 2012, the U.S. Department of Health and Human Services (DHHS) endorsed a recommendation from the Institute of Medicine (IOM) that domestic violence screening and counseling be included as a core women's preventive service.[4] Additionally, the U.S. Preventive Services Task Force recommends routine domestic violence screening among women of child bearing age. In December 2013, a Coordinating Committee for Women's Health under DHHS leadership sponsored a symposium in December 2013 to identify new domestic violence research priority areas.[5] Futures Without Violence developed a website with tools to assist clinicians and clinics.[6]

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. Research indicates that the prevalence of screening for domestic violence differs across health care specialties and is, overall, relatively low. Furthermore, several studies indicate that not every clinician is equally likely to screen.[7] Rapid integration of the new recommendations into clinical practice will require an innovative approach that makes use of the entire health care environment, rather than relying solely on the physician-patient encounter.

Kaiser Permanente Solution

Over the past 15 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;

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- 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; multi-disciplinary 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.[8] Figure 1 depicts the interconnected components of Kaiser Permanente's approach to preventing domestic violence.

Figure 1: Systems Model for Intimate Partner Violence Prevention

Source: © 2011, The Permanente Medical Group, Inc. All rights reserved. Family Violence Prevention Program.

Outcomes

Since implementing this comprehensive program in Kaiser Permanente's Northern California region, we have achieved a 10-fold increase in domestic violence identification, from about 1,000 new cases in 2000, to over 10,000 new cases in 2014.[9] The majority of identification now occurs in ambulatory care, rather than the emergency department, suggesting we are identifying members earlier, potentially before more serious injury happens. This trend also suggests that clinicians are more skilled in inquiry and documentation, and patients are more comfortable disclosing abuse.

Practical Implications and Transferability

We have implemented the Northern California approach in six of our seven 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.[10, 11] We also provide consultation to other health care systems. 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:
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1 Rivara, FP Healthcare utilization and costs for women with a history of IPV Am J Preve Med 2007, 323:89-96

2 Institute of Medicine, *Clinical Preventive Services for Women: Closing the Gaps*, July 2011, Washington, DC, www.iom.edu/Reports/2011/Clinical-Preventive-Services-for-Women-Closing-the-Gaps.aspx.

3 Nelson, H., Bougatsos, C., and I. Blazina, "Screening Women for Intimate Partner Violence: A systematic review to update the 2004 U.S. Preventive Services Task Force Recommendation," *Annals of Internal Medicine,* 2012, 156(1):796-808.

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

5 See: http://whr.nlm.nih.gov/ipv-symposium.html

6 See: http://www.futureswithoutviolence.org/health/national-health-resource-center-on-domestic-violence/

7 http://aspe.hhs.gov/hsp/13/dv/pb_screeningdomestic.cfm

8 McCaw, B., "Using a Systems-Model approach to Improving IPV Services in a Large Health Care Organization," *In Preventing Violence Against Women and Children: Workshop Summary.* IOM (Institute of Medicine), 2011, Washington, DC: The National Academies Press.

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

10 www.innovations.ahrq.gov/content.aspx?id=2343,

11 www.endvawnow.org/en/articles/648-the-systems-approach-to-health-service-delivery.html.