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## OPINION

OPEN FORUM *On Women's Health*

# Domestic violence spotlighted

By Ellen R. Shaffer

**H**er husband described the abuse: "I would hold her hostage and terrorize her." The Kaiser patient reported how she finally decided to leave: "I'll never forget the office visit when my physician said, 'I'm afraid if your husband doesn't kill you, the stress will.'"

This week's groundbreaking decision by the U.S. Department of Health and Human Services to require health plans to cover domestic violence counseling without requiring a co-pay will give women and their health care providers an important new incentive to call out the distress signals of abuse, and to take action.

Domestic violence is a wide spread, harmful and expensive public health issue. Public awareness campaigns, advocacy groups and laws offer support and a way out, but too many individuals remain isolated and stigmatized. Every year, 2 million women experience domestic violence, more than new cases of breast can-

cer or deaths from cardiovascular disease. Also:

▶ More than three women a day are murdered by current or former husbands or boy-friends.

▶ Homicide is the second-leading cause of injury-related death among pregnant women.

▶ 6.5 percent of California women report physical violence by a partner in the past year.

▶ 24 percent of U.S. women have experienced physical domestic abuse at some point in their lives. Domestic violence can include threats, isolation, humiliation, unwanted sexual activities and limiting access to financial resources.

▶ Women who experience domestic violence, and children who witness it in the home, also suffer from an array of long-term mental health and medical conditions. The Centers for Disease Control and Prevention estimates that the economic burden of domestic violence in the United States is \$8 billion per year in direct medical costs and lost productivity.



Jon Kraus / NewsArt

The new federal rules are based on a report by an Institute of Medicine expert panel on women's preventive health services. By shining the light on this crisis and potential remedies, the rules should bring routine screening for domestic violence into doctors' and nurses' offices and into the emergency room.

Women themselves support routine inquiry by health care professionals, and the majority of professional organizations of nurses and doctors as well as advocacy groups, have recommended inquiry and intervention for domestic violence for at least a decade.

Studies show that health care professionals can help to effectively break the cycle by bringing the problem to the surface and offering resources. In one study, women who talked to a health care provider about abuse were nearly four times more likely to use an intervention such as calling a support hotline. On follow-up, they reported fewer threats of violence and assaults. The majority ended their relationships with violent partners and did not re-enter an abusive relationship.

Kaiser Permanente has improved assessments for domestic violence across its Northern California clinics. Dr. Brigid McCaw, director of Kaiser's Family Violence Prevention Program, reports a sixfold increase in identifying members experiencing domestic violence, the first step in connecting them to lifesaving resources.

Health care should be a vital and visible link in preventing and ending domestic violence. The new rules encourage doctors and nurses to take the necessary lifesaving steps.

**Ellen R. Shaffer** is the co-director of the Center for Policy Analysis in San Francisco. To read the story of the Kaiser Permanente patient, go to <http://sfg.ly/quBJ9b>.