

THE HEALTH BENEFITS AND POTENTIAL SAVINGS FROM SCREENING AND INTERVENTION FOR DOMESTIC VIOLENCE

✓ Screening for domestic violence in prenatal clinics, emergency rooms, and psychiatric wards dramatically improves the identification of battered patients.

✓ Identification of victims of domestic violence and comprehensive intervention efforts can prevent new cases of abuse from becoming repeat cases.

✓ Preventing domestic violence would save between \$5 billion and \$10 billion a year (1992 dollars) in direct and indirect costs.

Domestic violence endangers Americans and drains health care resources:

- Battered women sometimes comprise between 19 and 30 percent of injured women seen in emergency departments, 25 percent of women who attempt suicide, 23 percent of women seeking prenatal care, and 25 percent of women utilizing psychiatric emergency services, according to studies assessing the prevalence of abused patients in medical settings (Flitcraft et al., 1992).
- The prevalence of domestic violence among female injury victims is high: 200 to 300 per 1,000. The incidence of new cases of abuse, however, is low -- about 27 per 1,000 victims (Flitcraft, 1993). These figures indicate that our current narrow medical response to battering does not succeed in preventing victims of abuse from sustaining new injuries from serial beatings (Stark and Flitcraft, 1991).

Battered patients are overlooked:

- Although abuse is likely to continue and escalate if it is undiagnosed, **most physicians are not trained to recognize and assist battered patients.** As a result, abuse often goes undetected (CEJA, AMA, 1992; Sugg and Inui, 1992).
- One study of 492 patients in an emergency room at the Henry Ford hospital in Detroit found that **only five percent of all of the domestic violence victims were identified as such by health professionals** (Goldberg and Tomlanovich, 1984).

- Among battered women presenting at an emergency room, most of those who had sought medical attention on at least six occasions were never identified as victims of battering and did not receive appropriate referrals, according to a 1978 to 1983 study at New Haven hospital involving approximately 3,600 patients. This study calculated that nearly one battered women in five presenting at the emergency room had sought medical assistance on at least 11 occasions for abuse-related trauma, and another 23 percent had brought six to 10 abuse-related injuries to the attention of clinicians (CSA, AMA, 1992).

Comprehensive intervention is necessary:

- Correct diagnosis of battering and a comprehensive intervention program in the medical setting can prevent new cases of abuse from becoming repeat cases (Kurz and Stark, 1988).
- Effective clinical intervention includes identification of abuse, treatment of medical and mental health needs, documentation of the injuries, safety planning, and referrals to law enforcement and/or community organizations (Stark and Flitcraft, 1991).
- Appropriate resources need to be allocated to manage patients diagnosed as victims of battering and to prevent their abuse from continuing. The development of crisis assistance programs, emergency shelters, counseling, support groups, and advocacy need to be incorporated into comprehensive strategies for medical intervention (Flitcraft, 1993).

HEALTH BENEFITS OF SCREENING AND COMPREHENSIVE INTERVENTION FOR DOMESTIC VIOLENCE

Screening in prenatal clinics and other primary health care settings is effective:

- One study of prenatal clinics in Houston and Baltimore found that a **three-question abuse assessment screen detected a 17 percent prevalence of physical or sexual abuse during pregnancy**, more than double the prevalence identified without the screen (McFarlane et al., 1992).
- Identifying and assisting battered pregnant women can prevent miscarriages, placental separation, antepartum hemorrhage, fetal fractures, and ruptures of the uterus, liver, and spleen (CSA, AMA, 1992).

SCREENING AND INTERVENTION CAN REDUCE ABUSE AND ITS ASSOCIATED HEALTH PROBLEMS

- Ensuring that health professionals ask patients about domestic violence increases the numbers of victims that are properly diagnosed and assisted.
- Aiding abused patients may reduce the miscarriages, broken bones, hospitalizations, and deaths that result from domestic violence.
- Reducing abuse prevents associated health problems such as substance abuse and depression.

Screening in emergency rooms is effective:

- **Over five times the number of battered women were identified as having injuries caused by battering after the introduction of a protocol to improve identification in the emergency room at the Medical College of Pennsylvania (McLeer and Anwar, 1989).** This study involved retrospectively reviewing the records of 359 patients admitted between 1976 and 1977 and comparing these files to the responses of 412 patients interviewed after the introduction of a screening protocol.

Screening in psychiatric wards is effective:

- **Ten times the number of battered psychiatric patients have their abuse histories recorded when an abuse assessment screen is implemented,** according to a 1984-1985 study that involved extensive interviews with 100 psychiatric patients at a university-affiliated hospital (Jacobson et al., 1987).

Comprehensive intervention is effective:

- A comprehensive medical response to battering can help patients get out of a harmful environment, reducing the incidence of injury and the concomitant use of medical services (Kurz and Stark, 1988).

POTENTIAL SAVINGS OF DOMESTIC VIOLENCE PREVENTION

SCREENING AND INTERVENTION STRATEGIES HAVE THE POTENTIAL TO SAVE MONEY

Asking patients if they are being abused and intervening appropriately may prevent abuse from continuing and thereby reduce associated direct and indirect costs. More research is necessary, however, before it is possible to calculate the precise cost-effectiveness of screening and intervention.

Preventing Domestic Violence would:

- **Save between \$5 billion and \$10 billion a year (1992 dollars) in health care and other costs of domestic violence,** such as the treatment of depression or alcoholism caused by abuse (Meyer, 1992). The cost of domestic violence was calculated using data from a number of sources including the 1985 National Family Victim Survey and 1985 U.S. Department of Justice Victim Survey.

- **Save businesses between several million and several billion dollars in**

lost wages, sick leave, absenteeism, non-productivity, and other indirect costs of domestic violence (Meyer, 1992).

- **Save a single hospital \$1,156,408 annually.** Preventing cases of domestic violence would save St. Luke's Medical Center in Chicago approximately \$1,633 for every abuse victim and \$7,300 for every elderly victim of abuse (Meyer, 1992).

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IWPR has produced eight fact sheets and annotated bibliographies on the benefits and cost-effectiveness of women's preventive health services relating to breast cancer, cervical cancer, domestic violence, family planning, mental health, prenatal care, osteoporosis, and sexually transmitted diseases. Each fact sheet/bibliography pair is available from IWPR for \$5.00; the entire Kit, which includes all topics and comes in a three-ring binder, is available from IWPR for \$20.00. Members of IWPR receive discounts on this kit and all publications. Please contact IWPR for information on membership and bulk order discounts.