Testimony of Esta Soler
President
Family Violence Prevention Fund

Before the Subcommittee on Public Health
Committee on Health, Education, Labor and Pensions
U.S. Senate

Hearing on Women's Health
April 25, 2002

Chairman Kennedy, Ranking Member Frist and Members of the subcommittee, my name is Esta Soler and I am the President of the Family Violence Prevention Fund. The Fund is a national nonprofit advocacy organization dedicated to ending domestic violence through prevention, public education and advocacy for victims and their children. I would like to thank you for the opportunity to address this committee with regard to the urgent need for the health care system to do more to prevent family violence and assist families facing abuse.

Prevalence and Health Consequences of Abuse

Domestic violence is a health care problem of epidemic proportions. Experts estimate that 25 to 31 percent of women in the United States have been abused by an intimate partner at some point in their lives. In addition to the immediate trauma and injury caused by abuse, domestic violence can cause serious physical and mental health problems that last a lifetime. It contributes to chronic conditions including neck, back and pelvic pain, ulcers, migraines and arthritis, and victims of domestic violence suffer from higher rates of mental health problems including depression, anxiety, posttraumatic stress disorder and suicide attempts. Patients experiencing abuse also are more likely to have adverse health risk behaviors such as smoking, substance/alcohol abuse and poor diet.

Battered women can have great difficulty accessing health care. The control exercised by batterers – and the isolation that results – often mean that battered women are less likely to engage in preventative health behaviors and to make or keep well woman/well child appointments, have mammograms and access early pre-natal care. Managing chronic illnesses such as asthma, diabetes and hypertension may also be problematic for abused women because batterers frequently deny them access to money and transportation and prevent them from keeping medical appointments or getting medicine.

In particular, pregnant women are at a risk. Some 240,000 pregnant women each year are abused by their partners. A recent study showed that homicide, including intimate partner homicide, is the leading cause of death for pregnant women. Abused pregnant women are also significantly more likely to experience complications of pregnancy including low weight gain, anemia, infections and first- and second-trimester bleeding. Victims of domestic violence are more likely to have gynecological problems during pregnancy than women who are not abused. In addition, battered women have higher rates of sexually transmitted infections including HIV, as well as depression, suicide attempts, and tobacco, alcohol and illicit drug use.

Children can also suffer greatly when they are exposed to domestic violence. Three to ten million children witness domestic violence each year in the United States. The greatest immediate risk for children who live in violent homes is that they will be physically abused. In 30 to 60 percent of families experiencing intimate partner violence, children also are abused. Children who are exposed to

violence are more likely to become both perpetrators and victims of domestic violence. They often show symptoms associated with posttraumatic stress disorder and they are more likely to have cognitive and behavioral problems including depression, anxiety and violence towards peers. They are more likely to attempt suicide, abuse drugs and alcohol, run away from home, engage in teenage prostitution and commit sexual assault. Fortunately, children can often overcome the harm caused by witnessing abuse with interventions and developmentally appropriate mental health services. However, without these interventions, the impact of childhood exposure to violence often lasts a lifetime. Adults who experienced adverse childhood experiences, including domestic violence, are more likely than other adults to smoke, abuse drugs or alcohol, and suffer from depression and obesity. They are also at significantly higher risk for health problems associated with those poor health behaviors, including cardiopulmonary disease, heart disease, diabetes and suicide attempts.

Role of the Health Care System

The health care system often plays an important role in identifying and preventing serious public health problems, and we believe the health care system can play a unique and pivotal role in domestic violence prevention and intervention. Virtually every American woman interacts with the health care system at some point in her life — whether it is for routine care, pregnancy, childbirth, illness, injury or to seek care for her child. Women who are abused also frequently seek health care for illnesses and injuries resulting from the violence they face. In fact, a November 1998 report of the National Institute of Justice and the Centers for Disease Control and Prevention found that women make 693,933 visits to health care providers per year as a result of injuries resulting from physical assault. The majority of these visits are for treatment of injuries that were inflicted by intimate partners. This study only measured the impact of specific injuries directly related to physical assault; experts believe the numbers would be significantly higher if it had examined visits for other health problems related to domestic violence and how abuse affects the management of other illnesses.

An Urgent Need for Screening and Intervention

We are convinced that the models developed to prevent other chronic health problems can be effectively applied to domestic violence. Recent experience with AIDS, smoking, breast cancer and cardiovascular disease support the efficacy of screening as a tool to identify health problems and intervene effectively. Domestic violence is more prevalent than diabetes and breast and cervical cancer – conditions that health care professionals screen for on a routine basis - yet screening for domestic violence is much more rare.

By not screening for domestic violence and inquiring about abuse, health care providers often fail to recognize or address the underlying cause of battered

women's health problems. Even when domestic violence results in injuries that were clearly inflicted by another person, health care providers too often treat and record the injuries without inquiring about the cause.

Providers also miss opportunities to intervene early, before a woman is injured, by not routinely screening for violence. A study published in the *Journal of the American Medical Association* in August 1999 found that less than ten percent of primary care physicians routinely screen for domestic violence during regular office visits. These wasted opportunities literally cost battered women their lives.

Fortunately, practice is beginning to change. For almost two decades, a host of national health care organizations and experts have called for programs that educate health care providers about intimate partner violence and promote routine screening and intervention. The American Medical Association, American Nurses Association, American Psychological Association, American College of Obstetricians and Gynecologists, American Academy of Pediatrics and, most recently, the Institute of Medicine have all developed guidelines or recommendations for improving providers' response to family violence. In addition, the Family Violence Prevention Fund's "national screening for intimate partner violence consensus guidelines" are widely used.

Routine screening, with its focus on early identification and its capacity to reach patients whether or not symptoms are immediately apparent, is the starting point to improve medical practice for domestic violence. Routine and multiple face-to-face screenings by skilled health care providers can markedly increase the identification of domestic violence. Routine – rather than indicator-based – screening increases opportunities to identify and intervene with patients who present with symptoms not generally associated with domestic violence. Several studies demonstrate the importance of conducting inquiries in private settings and using straightforward, nonjudgmental questions, preferably asked verbally by a health care practitioner.

This kind of screening gives women a valuable opportunity to tell their providers about their experiences with abuse, and battered women report that one of the most important parts of their interactions with their physicians is being listened to about their abuse. When victims of domestic violence or those at risk for abuse are identified early, providers can help them understand their options, live more safely within the relationship or safely leave the relationship. In one study, a ten-minute intervention was proven highly effective in increasing the safety of women abused during pregnancy. All these interventions can lead to reduced morbidity and mortality.

This work is being successfully tested. The Family Violence Prevention Fund is working in 15 states to improve the health care response to domestic violence. These state-based programs are demonstrating that improved collaboration and coordination between battered women's advocates, health care leaders, policy

makers and public health officials can strengthen health care services to victims of domestic violence.

Due in part to these efforts, screening and intervention is becoming the standard of care. More than 20 states now have laws addressing the health care system's response to domestic violence. The Joint Commission on the Accreditation of Health Care Organizations developed standards for emergency departments about how to respond to abuse, and has now expanded those guidelines for all departments in hospitals. The coding clinic guidelines issued by the American Medical Association, the American Hospital Association and the American Health Information Management Association also require coding domestic violence in medical records.

Finally, research shows that patients support screening practices. In fact, in four different studies of survivors of abuse, 70 to 81 percent of the patients asked said that they would like their health care providers to ask them privately about intimate partner violence

Recommended Legislation

Because domestic violence is so prevalent and has such detrimental health, social and economic consequences, there is an urgent need for more serious and ongoing attention from the health care system and from our elected officials.

We are heartened, however, by the actions of this committee and efforts of many Senators here on behalf of battered women and their children. Senator Wellstone's Screening and Services Act will make a tremendous difference to abused women and their children. By funding demonstration projects to improve collaboration between the health care system and advocates for victims of abuse, this legislation will help ensure that women are treated appropriately and that a full system of care and services will be available to them. This bill will lead to more effective interventions, more coordinated systems of care, greater resources to educate health care providers and, ultimately, more women disclosing abuse and receiving help. In addition, providers who can recognize abuse in their patients will more effectively address the health implications of the violence their patients are experiencing. Without resources to promote this collaboration, efforts may be duplicative and health systems will struggle with the grave consequences of their failure to effectively help patients experiencing domestic violence for years to come.

The legislation also targets specific funds to federally qualified health centers and requires providers participating in the National Health Service Corps to be trained in the dynamics of domestic violence. Local community health centers deal with family violence every day, and many are doing an excellent job of identifying, treating and referring patients, when appropriate. However, much more work needs to be done to ensure that providers throughout the nation have the knowledge and specific training necessary to intervene appropriately.

Training of Health Care Providers
Other legislative proposals being addressed during this hearing are critical to a strengthened health care response to domestic violence. Health care providers should be trained early in their professional careers. Medical and nursing schools, as well as dental and physician assistant programs, need to teach their students in a substantive way about domestic violence. Providers often report that they don't view domestic violence as a health issue, but rather as a social problem, and one that they're not equipped to handle in our current health care environment. If we train physicians and other providers early about the health care implications of domestic violence, we will have greater success in making preventive screening routine.

Senator Boxer's bill, S. 518, The Domestic Violence Identification and Referral Act, will encourage schools that train health professionals to give their students the education necessary to properly screen for, identify and treat victims of domestic violence. Its approach of providing preference in federal funding to programs that do provide "significant training" also will have no budget implications, since it will only address the awarding of grants that have already been funded.

Research Needed
In addition, we need funding to improve the research around family violence and the quality of the training for health care providers and researchers. Senators Durbin and Collins are sponsoring S. 2009, the Family Violence Prevention Act, to provide much needed funding for research. Based on a recent report from the Institute of Medicine, this legislation will support research in medical education and effective interventions to address family violence. Specifically, we applaud the bill's focus on outcomes-based research and effective interventions as they relate to women's safety and the impact of witnessing violence on children. Their bill targets areas where new research needs to be focused, including:

- Patterns of health care utilization by victims of family violence, the effects that family violence has on victims' health status, and the health care costs attributable to family violence;
- The effects of family violence on other health conditions and preventive health behaviors;
- The relationship between childhood exposure to domestic violence and child and adult health and safety;
- Effective interventions for children exposed to violence;
- Strategies to inform and mobilize public action for prevention; and
- The effects of mandatory reporting requirements on victims' safety and likelihood of receiving appropriate care and services.

We are particularly appreciative of their efforts to include domestic violence experts as members of a team that will review the types of research funded,

further building the bridge between the research and advocacy communities.

Mental Health Services Wanted

Finally, we see great hope in the two bills introduced by Senator Edwards to improve mental health services for victims of domestic violence. While not all battered women experience mental health or substance abuse problems, many women and their children do need and request services to deal with the effects of the violence. The consequences of not receiving help can be severe. Twenty-nine percent of all women who attempt suicide are battered, 37 percent of battered women have symptoms of depression, 46 percent have symptoms of anxiety disorder, and 45 percent experience post-traumatic stress disorder. Children who witness domestic violence are more likely to exhibit behavioral and physical health problems including depression, anxiety and violence towards peers. As noted earlier, they are also more likely to engage in a host of harmful behaviors.

Unfortunately, many of the women who need mental health services for themselves or their families often lack the resources to access services in their communities or live in communities where services simply are not available. The Counseling in Shelters Act and the Women in Trauma Act would give women and their children access to needed mental health services in a safe and caring setting. Importantly, they would also improve coordination between and support cross-training for domestic violence advocates and mental health providers. This legislation would fill a critical void in our efforts to help battered women and their children repair their lives.

Again, Mr. Chairman and members of the committee, I would like to thank you for holding this hearing and for your efforts on behalf of the nation's battered women and their children. These pieces of legislation to improve the health care system's response to domestic violence and provide resources for victims are greatly needed. Your efforts will help the health care system to take its rightful place on the frontlines of America's effort to end domestic violence and help victims.