

Ferreting Out Domestic Abuse

By **Katti Gray** | August 13, 2012

A new nationwide requirement that doctors routinely screen female patients for abuse by their intimate partners aims to reduce domestic violence and promote the overall well-being of its victims.

Rolled out on August 1 as part of the Patient Protection and Affordable Care Act's menu of preventive services that demand no co-payment, the mandate prioritizes domestic violence [screening for all 50 states](http://www.futureswithoutviolence.org/userfiles/file/HealthCare/Compendium%20Final.pdf) (<http://www.futureswithoutviolence.org/userfiles/file/HealthCare/Compendium%20Final.pdf>). Previously, just four states required such screenings; 16 ordered training in domestic violence detection for health professionals; and almost all states require that abuse be reported to law enforcement agencies.

The hoped-for effects of the new federal rule, say those working to curb such violence, include ensuring that health professionals better gauge who's being battered and/or mentally besieged by their mates, and helping lift the silences that often conceal those injuries.

"By not asking (about abuse), providers and the community at large reinforce secrecy (and miss) opportunities to identify and help people in need," said Lisa James, health director for San Francisco-based Futures Without Violence, formerly the Family Violence Prevention Fund. "(It supports) the perpetrator's message to the victim that nobody cares and that there is nothing she can do about it."

The Institute of Medicine (IOM), an arm of the U.S. Department of Health and Human Services, has called the lack of medical standards for ferreting out [domestic abuse a critical gap](http://www.iom.edu/Reports/2011/Clinical-Preventive-Services-for-Women-Closing-the-Gaps.aspx) (<http://www.iom.edu/Reports/2011/Clinical-Preventive-Services-for-Women-Closing-the-Gaps.aspx>) in preventive care for women and adolescent girls.

The federal agency recommended that all new insurance policies—except for those in which benefits aren't legally grandfathered as unchangeable—[cover screenings for domestic violence at no added costs at a doctor's office](http://www.healthcare.gov/news/factsheets/2011/08/womensprevention08012011a.html). (<http://www.healthcare.gov/news/factsheets/2011/08/womensprevention08012011a.html>)

Women's Preventive Care

The mandate was one of the additions to preventive care for females included in the new health care act, upheld by the Supreme Court this summer. Federal officials say women turn to preventive care more frequently than men, and thus pay more out-of-pocket for health care overall. (Comprehensive coverage of birth control methods was another addition to the Act.)

Planned Parenthood, which joined the chorus of organizations supporting nationwide domestic violence screening, has long performed routine screenings for abuse among women who visit their branches.

"Mostly we'd been asking questions about physical violence: 'Is there anybody kicking you, punching you, harming you?'" said nurse-practitioner Debbie Bamberger, who works in the national organization's El Cerrito, Ca. clinic. Bamberger added that if a woman refused to respond to questions about obvious physical bruising or other manifestations, interviewers wouldn't press further.

Bumps and bruises are one thing, she said, but there may be other less visible signs of abuse that may not be picked up during a normal physical.

Other Signs of Abuse

A [three-year University of California at Davis School of Medicine](http://www.ucdmc.ucdavis.edu/welcome/features/20100303_Miller_coersion/index.html) (http://www.ucdmc.ucdavis.edu/welcome/features/20100303_Miller_coersion/index.html) and Harvard School of Public Health study, released in 2010, of 1,300 women aged 16- to 29, concluded that 53 percent had been battered or sexually abused by their partners and 35 percent had experienced "pregnancy coercion" or had their birth control sabotaged.

Bamberger, who worked on the study, said Planned Parenthood has since "gotten much better" at eliciting information through more probing questions: Is a woman's partner forcing her to have sex, tampering with or trashing her contraception or refusing to wear condoms? Does a woman have multiple pregnancies, but insist that they're unwanted?

Does she repeatedly ask her reproductive caregiver for pregnancy tests, fearing pregnancy, or for morning-after emergency contraception that either prevents conception or a fertilized egg from implanting in the uterus?

"People don't always put the pieces together that (a pregnancy) wasn't the woman's choice," Bamberger continued.

Not that the screening is only for women in their child-bearing years.

Across the age span, federal officials report, the health traumas of abused women and girls range from rape and murder to HIV infection and other sexually transmitted disease to post-traumatic stress disorder, depression, long-term neurological disorders and chronic pain.

According to the Institute of Medicine report noted above, the federal Centers for Disease Control estimated in 2003, its most recent tally, that the annual cost of mental and medical care for domestic violence victims at \$4.1 billion.

Such victims are at "increased risk for a host of health issues in addition to their injuries, including asthma, diabetes ... poor reproductive health and birth outcomes, depression," said Futures Without Violence health director James. "This is why providers should shift their thinking beyond signs and symptoms to routine assessment."



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