Elizabeth, a manager who’s been a high performer at her company for eight years, has lately been missing meetings and spending a lot of time with her office door shut. She declines lunch invitations and stays at work until late in the evening; her assistant has noticed bruises on her arms. Coworkers wonder what is happening in her personal life, but Elizabeth has always spoken highly of her husband. Could she possibly be the victim of spousal abuse?

Anyone—regardless of age, education, income, or ethnicity—can be a victim of domestic violence. In fact, 1 in 4 women and 1 in 7 men will be victims of domestic violence at some time during their life. However, it is most common among women 18–45, and thus directly affects child rearing and workplace responsibilities. In years past, domestic violence was seen as a criminal justice problem that affected only certain people. But now health care organizations and employers are getting involved, and innovative, effective programs are making positive changes.

PREVALENCE AND LONG-TERM IMPACT

The prevalence and impact of domestic violence on health care costs has been significantly underestimated over the past decade in the United States. Recent data from a cross-sectional survey of insured, employed Seattle women demonstrates that the prevalence of domestic violence is common—44 percent over a woman’s adult lifetime.¹

The Centers for Disease Control and Prevention (CDC) documented a link between adverse health conditions and health risk behaviors associated with domestic violence. In the CDC’s 2005 Behavioral Risk Factor Surveillance System Survey, women with a history of intimate partner violence had a higher prevalence of heart disease, high cholesterol, stroke, arthritis, asthma, and activity limitations than those who had not experienced domestic violence. Victims also showed a higher incidence of risk behaviors for HIV, sexually transmitted diseases, smoking, heavy or binge drinking, and obesity. Overall, nearly 24 percent of those surveyed had a history of intimate partner violence.
Long-term health and health care usage

Even after abuse has ended or the victim is able to leave an abusive relationship, health effects can be long-lasting. One study found that even five years after abuse had stopped, health care usage was 20 percent higher for women who were abused than for women who were not. In addition to sustaining physical injuries, victims are likely to experience higher rates of depression, anxiety, headache, chronic abdominal or pelvic pain, heart palpitations, and insomnia.

Long-term health and care issues are partly due to a victim’s difficulty managing her health, even if she survives abuse that leaves no direct long-term physical damage:
- Survivors have a harder time managing chronic conditions such as diabetes, hypertension, and asthma
- They are less likely to be consistent with routine health screenings such as mammograms and Pap tests

A study in American Journal of Preventive Medicine found that even five years after abuse had stopped, health care usage was 20 percent higher for women who were abused than for women who were not; and health care costs for their children are 11 percent higher.

THE COST FOR EMPLOYEES AND EMPLOYERS

The CDC estimates the direct medical and mental health care costs of intimate partner violence are over $4 billion per year. This estimate is based on 1995 dollars, so it would be much higher today. A study from Group Health Cooperative showed that women who have experienced domestic violence have a 1.6- to 2.3-fold higher rate of clinic visits and total utilization, incurring an additional $1,722 to $2,790 per year in health care expenses. Even after abuse ends, utilization is 20 percent higher.

Absenteeism and productivity

The effect of domestic violence on workforce productivity may be even greater than actual work days lost by victims. Thirty-two percent of female employees and 19 percent of male employees said that their work performance was negatively affected by domestic violence associated with a coworker. In the United States, all victims of domestic violence lose nearly 8 million days of paid work each year—the equivalent of more than 32,000 full-time jobs.


At Kaiser Permanente, our medical teams approach domestic violence as a serious health condition, one that calls for screening protocols, preventive measures, treatment, and follow-up services. We’ve increased our identification of those at the highest risk of domestic violence and have referred them to mental health services. This coordinated, tiered approach is consistent with our nationally acclaimed approach to caring for many serious health conditions, such as diabetes, depression, and heart disease.
OUR FOUR-POINT MODEL OF SUCCESS

Kaiser Permanente has developed a model for approaching prevention and treatment that has been identified as a best practice and is being adopted by Contra Costa County Health Services and Partnership Healthplan of California.

Our four-point model for successfully screening and treating victims of domestic violence consists of:

1. Routine inquiry of female members regarding domestic violence by clinicians in all departments. Information on domestic violence resources is also provided.

2. Providing onsite resources for members and specialized domestic violence training for mental health clinicians and teams.

3. Creating a supportive environment so that members feel safe discussing violence with their health care providers.

4. Partnering with community advocacy resources.

This model allows us to be effective across the continuum of care, whether members have come for a routine checkup, or primary, specialty, or emergency care visit.

IDENTIFYING VICTIMS OF DOMESTIC VIOLENCE DURING ROUTINE VISITS

More often at routine visits, our members are revealing that they’re experiencing abuse at home, in answer to direct questions from physicians and caregivers trained in domestic violence screening. This education is critical to our physicians’ and nurses’ ability to identify, assess, support, and refer members who are being abused. We provide multiple venues for teaching early identification screening techniques to labor and delivery nurses and doctors, including residency training programs. Identifying victims early—before a trip to the Emergency Room—has helped save lives, reduce serious injury, and stabilize volatile family situations so members are less likely to jeopardize their livelihood through poor work productivity or absenteeism.

Follow-up: teamwork makes members safer

Once a victim has been identified, he or she is referred to professionals in our Departments of Behavioral

KAISER PERMANENTE MEMBERS IN NORTHERN CALIFORNIA WHO WERE IDENTIFIED AS EXPERIENCING DOMESTIC VIOLENCE, INTIMATE PARTNER VIOLENCE (IPV), BY DEPARTMENT VISITED:

*Reported by Kaiser Permanente Quality Operations Support, 2007
Health, Social Services, and Mental Health. Clinicians from these departments help members evaluate the danger factors they face, help develop a safety plan, and refer members to domestic violence programs in the community.

AN ELECTRONIC SAFETY NET
Physicians can act quickly and get patients out of danger
When domestic violence occurs, timely, coordinated care can save a life. Within our integrated care delivery system, medical teams refer victims across primary care, emergency department, hospital, ambulatory care, and mental health/behavioral health departments.

Kaiser Permanente HealthConnect™—our program-wide electronic health information system—helps our health care professionals provide a level of support that victims can’t get elsewhere. With KP HealthConnect, our caregivers have immediate electronic access to patients’ past visits, electronic health record, lab results, and medications, within the limits of confidentiality. This access enables a faster response time in an emergency and gives us an entire medical history, so we don’t have to add more stress to a patient who may be injured and traumatized.

From this electronic health record, and patient examination and consultation, we can create a treatment plan, get members to the right resources, and discuss next steps. And the care given to one patient helps us review the effectiveness of our response, giving us a tool to improve the care for other members who may be victims of domestic violence. We do this by:
- establishing treatment guidelines
- monitoring outcomes
- setting clinical measurements for effectiveness
- distributing recommendations across the entire Kaiser Permanente system

SUPPORTING STEPS TOWARD A VIOLENCE-FREE LIFE: PREFERENCE-SENSITIVE CARE
Not every victim of domestic violence is ready or able to leave the abuser after an incident. Research suggests that on average, victims leave abusers five to six times before they ultimately end the relationship. Our health care professionals use a treatment approach called preference-sensitive care, which has been effective with other behaviors involving health risks—such as smoking and obesity. Simply, the approach means being aware that people make decisions and changes at different points and times—and they deserve respect, encouragement, and support, no matter what they decide to do at any point in the process.

As victims move through the process of change, our mental health professionals are available for individual counseling and classes. We continue to follow up with members, helping them take small steps to increase their safety and receive ongoing counseling. Our caregivers understand that ending an abusive relationship can be a long process.
PREVENTION: MULTIPLE CHANNELS FOR OUTREACH

Providing information in a safe environment

Because it takes time for people to acknowledge that their relationship is abusive or unsafe, continual exposure to information in a safe health care setting can help make victims more likely to confide in health care professionals. Posters and educational materials are in all our Northern California facilities’ exam rooms and restrooms, and in most facilities in other Kaiser Permanente regions. These include:

- Safety tips for victims
- How to pack a “flight bag” to leave in a hurry
- How to explain the situation to children

Members can also turn to our member newsletter and brochures that are produced in English, Cantonese, Spanish, and other languages depending on the local community. In addition, kp.org(domesticviolence) is an excellent resource for members and the general public for information about domestic violence.

Health education classes and counseling

Kaiser Permanente facilities in Northern California offer a number of classes and counseling opportunities that address the causes of domestic violence and help members cope with the after-effects.

Topics include:

- **Emotional/behavioral issues**—anxiety, depression, insomnia, mind-body medicine (managing psychosomatic symptoms), post-traumatic stress disorder, and anger management.

- **Pregnancy**—Domestic violence is more common than some conditions for which most pregnant women are routinely screened⁵ so we screen all prenatal patients for domestic violence in each trimester and routinely provide information about domestic violence to pregnant members in our Healthy Beginnings newsletter. In addition, we offer a new mothers’ support group and obstetric education for teen mothers.

- **Parenting**—In approximately 45 percent of child abuse cases, mothers have a history of being battered.⁶ In parenting classes, members learn about behavioral problems and disorders in children, preadolescent parenting, training for fathers, and cooperative parenting for divorced parents.

- **Substance abuse**—Members can attend programs and join support groups for addiction, alcohol- and chemical-dependency recovery and substance-abuse prevention.

THE IMPACT OF DOMESTIC VIOLENCE ON LIFELONG HEALTH

Kaiser Permanente and the CDC collaborated on the Adverse Childhood Experience study—considered one of the more important studies in the last decade in the area of health outcomes and childhood exposure to domestic violence.

The research demonstrates the links between exposure to violence during childhood and the ultimate outcome of adult morbidity and mortality from chronic health problems such as emphysema, heart disease, and liver disease. It also shows the links to intermediate problems, such as unintended pregnancy, high-risk sexual behavior, and alcohol and drug use. Further, it illustrates the effects on worker productivity. All these findings reinforce our focus on the importance of screening and prevention.

TOPICS IN HEALTH AND PRODUCTIVITY: Domestic violence

PARTNERING FOR CHANGE: HEALTH PLANS AND EMPLOYERS LEAD THE FIGHT AGAINST ABUSE

Domestic violence is most effectively tackled by approaches that include partnerships between employers and our health care plan. To help bring
an end to violence, improve lives, and ultimately reduce associated health care costs, Kaiser Permanente has been working with employers for several years to raise awareness about domestic violence and provide resources to both employers and employees. We’ve provided information to occupational health nurses, employee counselors, and human resources managers so that they can assist employees in getting the help they need. And we’re bringing our domestic violence awareness programs to worksites in California.

One of the most effective awareness programs, judging from activity in our own Employee Assistance Program (EAP), is silentWitness, a large multi-panel display featuring stories by Kaiser Permanente physicians and employees who have experienced domestic violence. Dedicated to the memory of three employees who were victims of domestic homicide, silentWitness focuses on courage, survival, and hope. It shows the vital, positive role that colleagues can play, and it illustrates the positive impact of workplace resources for victims.

The silentWitness display has been exhibited in all Kaiser Permanente regions. In addition, some of our customers, such as Macy’s, Marriott, and PG&E have displayed silentWitness at their work sites.

A best-practices leader
Kaiser Permanente has been identified for our best practices as both a health care provider and employer by the Corporate Alliance to End Partner Violence (CAEPV), a national organization founded in 1995 by business leaders to prevent domestic violence. Our programs are listed on caepv.org, along with best practices from companies such as American Express, Liz Claiborne Inc., and Verizon Wireless. In 2007, we received the eValue8 Health Plan Innovation Award from The National Business Coalition on Health (NBCH). The eValue8 awards identify and recognize the innovative and creative work of health care systems that develop and implement programs that address critical health care issues.

“One of the unique aspects of the Kaiser Permanente system is that in the realm of domestic violence, they have created a comprehensive program that identifies, assesses, and treats victims of domestic violence. This does not happen in most health care systems.”

BARBARA ERICKSON, MANAGER OF BENEFITS AND UNEMPLOYMENT INSURANCE, MACY’S WEST

PREVENTING DOMESTIC VIOLENCE: PART OF A STRATEGIC APPROACH TO HEALTH CARE QUALITY AND AFFORDABILITY

In a 2007 CEO roundtable sponsored by Fortune magazine, Dr. Robert Pearl, executive director of The Permanente Medical Group, stressed that domestic violence prevention is similar to other quality measures and workplace safety. “If we don’t impact the areas which we know have both health and cost implications, the medical expenses will drown us and people will become sicker,” he said. By doing the right thing, employers and their health care providers can improve quality, increase service, and positively impact lives while decreasing costs to both employers and members. Dr. Pearl stressed that all CEOs should understand this imperative and view domestic violence programs as a positive investment. Dr. Pearl was the only health care representative selected to participate in the roundtable.
Kaiser Permanente’s Family Violence Prevention Program in Northern California is aligned with recommendations from the National Business Group on Health (NBGH), which has been championing the need for domestic violence programs in the workplace for the last five years.

WAYS TO ENSURE THAT YOUR COMPANY’S HEALTH CARE PLAN ADDRESSES INTIMATE PARTNER VIOLENCE

NBGH:
Ask your plan providers what they’re doing to prevent intimate partner [domestic] violence. Let them know you care about the issue.

Kaiser Permanente:
Domestic violence prevention is one of the measures we use to meet the National Committee for Quality Assurance (NCQA) standards for coordination of care:

- We report on the results of these measures to our teams twice a year
- We use them to develop quality improvement goals

Domestic violence screening and treatment is integrated into our:

- Electronic medical record
- Call Center
- Online and print member education materials

Our Northern California program model has been adopted in seven other Kaiser Permanente regions, and serves as an example of how quickly and effectively our physicians are able to share and adopt best clinical practices.

NBGH:
Look for more than just training. Education alone does not change behavior; the plan’s program should help clinicians know what to do when they identify a victim of abuse. The program should be offered across the board to all medical staff, not just those in the ER or Ob/Gyn.

Kaiser Permanente:

- A robust training program for all of our medical teams
- A clearly defined referral protocol so entire medical teams know exactly what to do when they identify a member dealing with domestic violence
- Reference materials such as a reporting and documentation toolkit, and pocket cards with clinical practice recommendations are readily available
- KP HealthConnect includes a specific tool to facilitate domestic violence screening and documentation, so caregivers can use a comprehensive, consistent domestic violence evaluation for our members
- We provide quality improvement data to medical teams and facilities so they can better focus on quality improvement efforts

NBGH:
Look for program links to community services, such as shelters, legal services, and law enforcement.

Kaiser Permanente:
- Representatives from community advocacy, law enforcement, legal aid, and faith communities are active participants in our local domestic violence teams. Our staff also participates in local, state, and national advisory groups

NBGH:
Look for program links to community services, such as shelters, legal services, and law enforcement.

Kaiser Permanente:
- Behavioral health/mental health is part of our integrated care delivery system, and our members have easy access to these services
- Our mental health clinicians have received special training in domestic violence and are familiar with the community resources available for shelter, restraining orders, and culturally specific care
- One of our quality measures is timely mental health follow-up services for each member who is a victim of domestic violence
TOPICS IN HEALTH AND PRODUCTIVITY: Domestic violence

NBGH:
Offer incentives to providers who have good prevention programs in place.

Kaiser Permanente:
• We publicly acknowledge clinicians and teams who implement best practices for domestic violence screening and treatment. Several of our physicians and staff have also received external recognition from community groups and professional organizations.

NBGH:
Support community organizations that help prevent intimate partner (domestic) violence. Most community resources need more financial support and can benefit from the insights of those with experience in the corporate sector. Holding a seat on a community service board demonstrates a company’s commitment to preventing intimate partner (domestic) violence.

Kaiser Permanente:
• We provide financial resources and advice to community organizations that deal with domestic violence.
• Our staff members are on community service boards of directors, participate as volunteers, and help with fund-raising.
• Our commitment to prevention and community health is part of our mission as a health plan.

Providing effective tools to our own workforce
Kaiser Permanente is tackling domestic violence head-on. CEO George Halvorson says, “Kaiser Permanente strongly believes in taking action to end domestic violence and reduce its impact on our workforce. The total health of our employees includes safe and healthy relationships.” Unlike most employers, Kaiser Permanente tracks the reasons employees contact and utilize our Employee Assistance Program (EAP). Six percent of EAP visits by Kaiser Permanente employees and physicians are linked to domestic violence. And 15 percent of EAP visits are by employees seeking information about their families. Counselors have identified these visits as linked to domestic violence.

In 2007, our model Northern California Family Violence Prevention Program:
• Developed an online training course for all managers.
• Gave managers additional tools to raise awareness at the worksite and assist employees who need help.
• Developed an informational brochure about domestic violence specifically directed at employees.

In Southern California, we’ve appointed a new Family Violence Prevention Physician Coordinator to oversee the adoption of a regional program.

SUPPORT, ADVOCACY, AND EXPERTISE: DRIVING CHANGE IN THE COMMUNITY AND ALL LEVELS OF GOVERNMENT
Because of our success in treating domestic violence, Kaiser Permanente has been chosen to work with numerous government and community organizations to educate people about domestic violence, and advocate for changes that can improve care and reduce the occurrence of violence.

I rarely think about it now. I stopped having flashbacks a few years ago. I don’t allow others to take power over me. Today it is talked about more, but we still have a way to go. Recently, a woman I knew committed suicide in response to the violence in her relationship. I can only hope that by telling my story, someone will realize that they are not alone and support is available.”

A KAISER PERMANENTE REGISTERED NURSE
TOPICS IN HEALTH AND PRODUCTIVITY: Domestic violence

Government—Kaiser Permanente’s sustained, successful health care approach to domestic violence prevention has drawn visits from Rep. Mike Honda (D-San Jose), and led to presentations from our physicians at state and national advisory panels on research, policy, and quality measures.

Community—We devote extensive human and financial resources to raising awareness and supporting local advocacy and self-help organizations. At each facility in Northern California, we work closely with community advocacy groups, government organizations, and law enforcement agencies to improve the care that victims and their children receive. Representatives from these groups are active members of our domestic violence teams at every facility. In the Bay Area, our physicians, employees, and executives hold board memberships at many violence prevention organizations, such as:

- Domestic Violence Council of Santa Clara County
- STAND!
- SafeQuest
- Family Violence Law Center
- Community Commission on Prevention of Family Violence
- Community Violence Solutions
- Sonoma County Family Violence Prevention Council
- Council for Asian Pacific Islanders Together for Advocacy and Leadership
- Community Overcoming Relationship Abuse
- Corporate Alliance to End Partner Violence
- Healthcare Domestic Violence Network
- Marin Domestic Violence Coordinating Council
- Alameda County Domestic Violence Collaborative
- Parental Stress Services of Alameda County (Family Path, Inc.)
- Havens Women’s Center

We’ve also cosponsored conferences such as the Fourth Biennial National Conference on Health and Domestic Violence, held in San Francisco in March 2007.

RECOGNITION FOR RESULTS

Kaiser Permanente’s Family Violence Prevention Program in Northern California has been recognized by several government and business organizations for our effective approach to stopping domestic violence:

- The evalua8 Health Plan Innovation Award from the National Business Coalition on Health (NBCH) for innovative and creative implementation of programs that address critical and highly prevalent health care and public health issues (2007).
- Recognized as the only health plan that implemented a “Promising Practice” for prevention of domestic violence by the California attorney general’s Task Force on Local Criminal Justice Response to Domestic Violence (2005).
- The top award for exemplary programs that advance quality in women’s and children’s health from the American Association of Health Plans/Wyeth HERA Gold Award (2003).
- The Partners Ending Domestic Abuse Corporate Leadership Award from the San Francisco Domestic Violence Consortium (2002).
- The National Academy of Sciences, Institute of Medicine, recognition as one of three health care organizations that successfully used systems-change models for preventing domestic violence and intimate partner violence (2001).
TOPICS IN HEALTH AND PRODUCTIVITY: Domestic violence

**Education**—We are committed to providing adults and children with alternatives so that the cycle of violence can be broken. In Northern California, nearly 400,000 middle school students and more than 30,000 adults have taken part in “P.E.A.C.E. Signs”—our week-long residency program that teaches nonviolent responses and communication skills through educational theater, curriculum, workshops, a family night, and print materials. The program also shows the effects of domestic violence on children.

**YOU CAN HELP IMPROVE THE HEALTH AND PRODUCTIVITY OF YOUR WORKFORCE**

Preventing domestic violence and caring for victims of domestic violence means helping employees avoid other health problems, reduce absenteeism, and improve work productivity. Through a coordinated approach to care that encompasses physician and member education, effective screening techniques, treatment, protective strategies and follow-up services, we’ve been able to help change—and save—the lives of members and their families. By partnering with our plan, you can help prevent domestic violence from impacting the health and productivity of your employees. For more information about our domestic violence program, contact your Kaiser Permanente account manager and request our video.

**Endnotes**


3 Behavioral Risk Factor Surveillance Study 2005, the Centers for Disease Control and Prevention (CDC)


