

Domestic violence

How does it impact the health and productivity of your employees?

CONTENTS

- Domestic violence 1
- Higher risk for disease..... 2
- The cost for employers and employees..... 2
- Kaiser Permanente Family Violence Prevention Program..... 3**
- An innovative model of care..... 3
- An electronic safety net..... 4
- Supporting steps toward a violence-free life: preference-sensitive care 4
- Partnering for change..... 5
- Support, advocacy, and expertise: driving change in the community and all levels of government 7
- You can help improve the health and productivity of your workforce..... 8
- Endnotes 9

A manager who’s been a high performer at her company for eight years has 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. Even though she has always spoken highly of her husband, could she be a victim of spousal abuse?

Anyone can be a victim of domestic violence. It cuts across ethnic, age, gender, and socioeconomic lines, resulting in an estimated 4.8 million injuries to women and 2.9 million to men annually.¹ At some time during their life, 1 in 4 women and 1 in 7 men will be victims

of domestic violence.² Historically, domestic violence has been seen primarily as a criminal justice problem; however, it’s also a health problem. And health care organizations and employers are getting involved, implementing innovative, effective programs to make positive changes.

Historically, domestic violence has been seen primarily as a criminal justice problem; however, it’s also a health problem.

HIGHER RISK FOR DISEASE

The effects of domestic violence aren't limited to immediate physical abuse. There's a strong link between domestic violence and chronic conditions. A 2008 report published by the Centers for Disease Control and Prevention (CDC) showed that women with a history of domestic violence are at a higher risk for chronic health problems than those who don't experience abuse.³ They are:

- 70% more likely to have heart disease
- 80% more likely to have a stroke
- 60% more likely to have asthma
- Two times as likely to be a smoker

Long-term impact

Even after abuse has ended or the victim is able to leave an abusive relationship, health effects are often long-lasting. One study found that even five years after abuse had stopped, women who were abused were 52 percent more likely to visit the Emergency Department than women who weren't victims of abuse.⁴ In addition to sustaining physical injuries, victims are likely to experience higher rates of depression, anxiety, headaches, chronic abdominal or pelvic pain, heart palpitations, and insomnia. They're also less likely to get routine health screenings such as mammograms and Pap tests.

Dating Violence

According to the California Women's Health Survey, 13 percent of 18- to 24-year-olds are victims of dating violence—domestic violence between two people in a close relationship.⁵ Dating violence can have a negative impact on health throughout life. Victims may engage in unhealthy behaviors such as alcohol and substance abuse, and may perform more poorly in school. The physical and emotional toll from an abusive relationship can lead to anxiety, depression, and eating disorders. Victims may also continue abusive patterns in future relationships—pre-college teens in abusive relationships are three times more likely to be in an abusive relationship in college than their non-abused peers.⁶

THE COST FOR EMPLOYERS AND EMPLOYEES

The total health care costs associated with domestic violence are estimated to be in the hundreds of millions each year. Because employers pay for the majority of health insurance, they bear much of these costs. A study from Group Health Cooperative showed that mental health visits and total utilization were 1.7 to 2.6 times higher for women who have experienced domestic violence, raising abused women's health care costs 42 percent higher than non-abused women.⁷

Absenteeism and productivity

In the United States, victims of domestic violence miss nearly 8 million days of paid work each year—the equivalent of more than 32,000 full-time jobs.⁸ But the effect of domestic violence on workforce productivity may be greater than actual workdays lost by victims. Of employees who experience domestic violence:

- 96% experience problems at work
- 74% are harassed by their abuser while at work
- 56% are late to work
- 28% leave work early⁹

Victims of domestic violence aren't the only ones who are affected. One study showed that 32 percent of female employees and 19 percent of male employees said their work performance was negatively affected by a coworker's association with domestic violence.¹⁰

Even five years after abuse had stopped, women who were abused were 52% more likely to visit the Emergency Department than women who weren't victims of abuse.

Kaiser Permanente Family Violence Prevention Program

Help. Health care. Hope.

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. This coordinated, tiered approach is consistent with our nationally acclaimed approach to caring for many serious health conditions, including diabetes, depression, and heart disease.

The program, which started as a pilot in 2000 at one medical facility in Northern California, is now being adopted throughout the health plan. Since taking this approach, we've identified five times the number of patients suffering from domestic violence than we identified prior to the program. Many of these members would otherwise have remained silent.

AN INNOVATIVE MODEL OF CARE

Kaiser Permanente's four-part model for screening and treating victims of domestic violence allows us to be effective across the continuum of care, whether members come in for a routine checkup or a primary, specialty, or emergency care visit. The model consists of:

Creating a supportive environment:

We create a comfortable environment with domestic violence posters, flyers, and brochures in our medical offices so members feel safe reaching out.

Screening and referrals: Our caregivers know what resources are available and how to refer members. Physicians receive

additional training on identifying, assessing, and supporting members.

Providing onsite resources: Members are referred to specially qualified teams from our Behavioral Medicine, Social Services, and Mental Health departments. We also offer domestic violence support groups and classes where members can learn from others.

Partnering with community advocacy groups: By connecting with community groups and law enforcement, we help members receive additional services, including legal support and help with emergency housing.

Identifying victims of domestic violence during routine office visits

During a routine visit, our members' answers to direct questions from physicians and caregivers trained in domestic violence screening may reveal that the members are experiencing abuse at home. Identifying victims early—before a trip to the Emergency Department—has helped save lives, reduce serious injury, and stabilize volatile family situations. Education and training is critical to our physicians' and nurses' ability to identify, assess, support, and refer members who are being abused. We teach early identification screening techniques to labor and delivery nurses and doctors, including those in residency training programs.

Follow-up: teamwork helps make members safer

Once victims have been identified, they're referred to professionals in our departments of Behavioral Health, Social Services, and Mental Health. Clinicians from these departments help members evaluate the danger factors they face and develop a safety plan, and they 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 and coordinated care can save a life. Within our integrated care delivery system, medical teams refer

victims across primary care, emergency, hospital, ambulatory care, and mental/behavioral health departments. With Kaiser Permanente HealthConnect®—our organization-wide electronic health information system—our caregivers have immediate access to patients' electronic health records, including information about past visits, lab results, and medications, within the limits of confidentiality. This enables a coordinated response in an emergency and gives us a recent medical history so we don't have to add more stress to a patient who may be injured and traumatized.

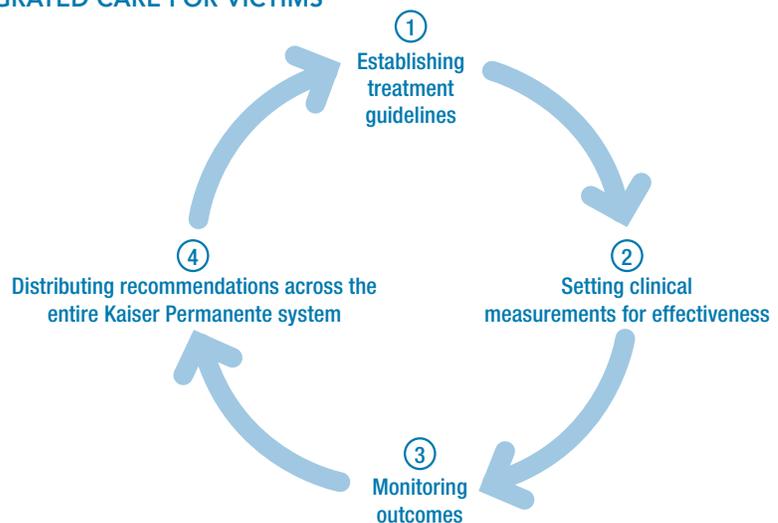
From this electronic health record, along with patient examination and consultation, we can create a treatment plan, get members to the right resources, and discuss next steps. And capturing the data on the care given to one patient helps us continually improve our response time to other members so we can ensure they get quick, effective care and support.

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 attempt to leave abusers 6 to 10 times before they ultimately end the relationship.¹¹ 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

INTEGRATED CARE FOR VICTIMS



steps to increase their safety and receive ongoing counseling. Our caregivers understand that ending an abusive relationship can be a long process.

Providing outreach information in a safe environment

Because it takes time for people to acknowledge that a relationship is abusive or unsafe, continual exposure to information in a safe health care setting can help victims confide in health care professionals. Posters and educational materials in our Northern California exam rooms and restrooms, as well as most facilities in other Kaiser Permanente regions, 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, which 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 aftereffects.

Topics include:

- **Emotional/behavioral issues:** Classes include 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 screened.¹² 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:** According to the Children’s Defense Fund, the most significant cause of abuse to children stems from a parent who was a victim of domestic violence.¹³ 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.
- **Young adults:** Young age is one of the factors that increase the risk of domestic violence. In Northern California, we’ve designed our young adult care to facilitate the transition of teens to adult medicine.

PARTNERING FOR CHANGE

Health plans and employers lead the fight against abuse

Domestic violence is most effectively tackled when employers and health plans work together. To help bring an end to violence, improve lives, and ultimately reduce associated health care costs, Kaiser Permanente has been partnering with employers for several years to raise awareness about domestic violence. 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 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 worksites.

A best-practices leader

As both a health care provider and employer, Kaiser Permanente has been recognized for our best practices by the Corporate Alliance to End Partner Violence, a national organization founded in 1995 by business leaders to prevent domestic violence.¹⁴ Our programs are listed on caepv.org along with best practices from companies such as American Express, Liz Claiborne Inc., and Verizon Wireless. In 2009, the Family Violence Prevention Fund honored Kaiser Permanente with a Heroes in Health Care award for implementing an innovative, comprehensive approach to domestic violence prevention.¹⁵

“One of the unique aspects of the Kaiser Permanente system is that ... 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,*
former manager of benefits,
Macy's West

Exceeding national recommendations

Kaiser Permanente's Family Violence Prevention Program in Northern California is aligned with recommendations from the National Business Group on Health (NBGH)—a champion for domestic violence programs in the workplace. Use these NBGH guidelines to ensure that your health care plan addresses domestic violence.¹⁶

Start the conversation

NBGH recommendation: Ask plan providers what they're doing to prevent domestic violence. Let them know you care about the issue.

Kaiser Permanente: Domestic violence screening and treatment are integrated into our electronic medical record, training for call center employees, and member education materials. And domestic violence prevention is one of the measures we use to meet the National Committee for Quality Assurance 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

Extend the safety net

NBGH recommendation: 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:

- We provide a robust training program for all of our medical teams
- We have 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 data on quality to medical teams and facilities so they can better focus on improvement efforts

Reach out to external resources

NBGH recommendation: 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.

Include mental health services

NBGH recommendation: Note mental health carve-outs. Victims need access to mental health care as well as medical care. Do plan enrollees have access to

mental health providers who are capable of addressing domestic violence?

Kaiser Permanente:

- Behavioral/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

Provide incentives for prevention

NBGH recommendation: 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.

Support community groups

NBGH recommendation: Support community organizations that help prevent domestic violence. Most community resources need more financial support and volunteers in the corporate sector. Holding a seat on a community service board demonstrates

a company's commitment to preventing 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 fundraising
- Our commitment to prevention and community health is part of our mission as a health plan

Providing effective tools to prevent domestic violence.

Kaiser Permanente CEO George Halvorson says, "Kaiser Permanente strongly believes in taking action to end domestic violence and reducing its impact on our workforce. Total health of our employees includes safe and healthy relationships." Unlike most employers, Kaiser Permanente tracks the reasons why employees contact and utilize our Employee Assistance Program. Six percent of visits by Kaiser Permanente employees and physicians are linked to domestic violence. And 15 percent of visits are by employees seeking information for their families.

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, government and community organizations have chosen to partner with us to educate people about domestic violence and advocate changes that can improve care and reduce the occurrence of violence.

Government: Our physicians have presented our successful health care approach to domestic violence at state and national advisory panels on research, policy, and quality measures.

Community: We devote extensive assistance and financial resources to raise awareness and support local advocacy and self-help organizations. In Northern California, representatives from community advocacy groups, government organizations, and law enforcement agencies are active members of our domestic violence teams at every facility. In the Bay Area, our physicians, employees, and executives hold board memberships at violence prevention organizations such as:

- Domestic Violence Council of Santa Clara County

- STAND! Against Domestic Violence
- 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 sponsored or cosponsored conferences such as the:

- 5th National Conference on Health and Domestic Violence
- National Coalition Against Domestic Violence in 2010
- National Academy of Science and Institute of Medicine Forum on Global Violence Prevention

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 weeklong 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.

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 Heroes in Health Care award from the Family Violence Prevention Fund for implementing an innovative and comprehensive approach to domestic violence prevention (2009)
- The eValue8™ Health Plan Innovation Award from the NBCH for innovative and creative implementation of programs that address critical and highly prevalent health care and public health issues (2007)
- Recognition from the California attorney general's Task Force on Local Criminal Justice Response to Domestic Violence as the only health plan to implement a "Promising Practice" for prevention of 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 (2003)
- The Partners Ending Domestic Abuse Corporate Leadership Award from the San Francisco Domestic Violence Consortium (2002)
- Recognition from the National Academy of Sciences' Institute of Medicine as one of three health care organizations that successfully used systems-change models for preventing domestic violence and intimate partner violence (2001)

YOU CAN HELP IMPROVE THE HEALTH AND PRODUCTIVITY OF YOUR WORKFORCE

Preventing domestic violence and caring for victims of domestic violence helps employees avoid other health problems, reduces absenteeism, and improves work productivity. By partnering with our plan, you can help prevent domestic violence from affecting the health of your employees. For more information about our domestic violence program, contact your Kaiser Permanente account manager and request our video.

ENDNOTES

- ¹ “Understanding Intimate Partner Violence Fact Sheet,” Centers for Disease Control and Prevention, 2009.
- ² Patricia Tjaden and Nancy Thoennes, “Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women,” National Institute of Justice, Centers for Disease Control and Prevention, November 2000.
- ³ “Adverse Health Conditions and Health Risk Behaviors Associated with Intimate Partner Violence, United States, 2005,” *Morbidity and Mortality Weekly Report*, Centers for Disease Control and Prevention, February 2008.
- ⁴ Amy E. Bonomi et al., “Health Care Utilization and Costs Associated with Physical and Nonphysical-Only Intimate Partner Violence,” *Health Services Research*, June 2009.
- ⁵ E. Takahashi et al., “Preconception Health: Selected Measures, California, 2005,” Maternal, Child and Adolescent Health Program, California Department of Public Health, October 2007.
- ⁶ “Understanding Teen Dating Violence Fact Sheet,” Centers for Disease Control and Prevention, 2009.
- ⁷ See note 4.
- ⁸ “Costs of Intimate Partner Violence Against Women in the United States,” National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2003.
- ⁹ “Domestic Violence in the Workplace Statistics,” American Institute on Domestic Violence, 2001.
- ¹⁰ Christopher Blodgett, PhD, and Jennifer Stapleton, MPA, “Intimate Partner Violence: It’s a Workplace Issue!” Research Report, National Institute of Occupational Safety and Health, 2005.
- ¹¹ “Domestic Violence: An Introduction for Child Welfare Workers,” North Carolina Division of Social Services and the Family and Children’s Resource Program, May 2003.
- ¹² Julie A. Gazmararian et al., “Prevalence of Violence Against Pregnant Women,” *Journal of the American Medical Association*, June 1996.
- ¹³ *Yearbook 2001: The State of America’s Children*, Children’s Defense Fund, 2001.
- ¹⁴ “CAEPV Member of the Month—Kaiser Permanente,” CAEPV.org, www.caepv.org/about/members.php, accessed June 2010.
- ¹⁵ “Kaiser Permanente Honored for Domestic Violence Prevention Program,” Kaiser Permanente press release, October 8, 2009.
- ¹⁶ “The Impact of Intimate Partner Violence on Employee Health and Productivity,” Issue Brief, National Business Group on Health, Center for Prevention and Health Services, October 30, 2002.

Information in this publication was accurate at the time of production. However, details may have changed since publication. For the most current information on our plans and services, check with your sales executive or account manager.