SCREENING FOR DOMESTIC VIOLENCE

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The numbers below refer to the reference number.

1. These criteria should be fulfilled before screening begins:

DISEASE CRITERIA: The disease should have high **prevalence** and **serious** consequences in the population to be screened. The **natural history** of the disease should be understood, and **treatment** must be available.

SCREENING TEST CRITERIA: The test should be **sensitive and specific** for the disease, and **reliable** in different settings. The test must be **safe, acceptable** to the patient and of low **cost**.

2, 3. It helps if JCAHO and GPRA require screening.
4-8. It may help if the screening is recommended by professional organizations.

PROBLEMS WITH THIS APPROACH:
The *patient is neither responsible* for DV, *nor in control* of it.
The definition of DV is variable from study to study. Many now use: *Domestic violence is a pattern of assaultive and coercive behaviors, including physical, sexual, and psychological attacks, as well as economic coercion that adults or adolescents use against their intimate partners.*
9. Providers must be trained re DV response and resources/referrals before screening.

PREVALENCE
10. 95% of violence by intimates is perpetrated against women by a partner or former partner
11. A computerized survey of pregnant women in 1989-90 at the United States Public Health Service (USPHS) Albuquerque Indian Hospital revealed that 16% of women reported DV within the year prior to their first prenatal visit.
12. A review of the National Family Violence Resurvey found that Native American populations had higher rates of DV than Whites regardless of the degree of violence: Any DV (slapping, pushing) (15.5% for Native Americans vs. 14.8% for Whites) and for severe DV (kick, punch, stab) (7.2% vs. 5.3%).
13. A survey of Navajo women seeking routine well woman care at an IHS facility showed that 13.5% of women reporting physical abuse in the past year, and 41.9% reporting physical abuse from a male partner at least once in their lives.
14. The San Carlos Apache tribe requested a study of DV on that reservation which showed that 75% of women reported any or severe violence (as defined above) in their current relationship.

SERIOUS

15. A review of female homicides in New Mexico found a disproportionately higher rate among Native American women (4.9 per 100,000 compared with 1.7 per 100,000 for Hispanic, and 1.8 per 100,000 for non-Hispanic whites). Same study revealed that DV was the cause in 46% of Native American cases.
16. $1.8 billion per year (in 1993!) to the health care system nationally.
17. Women who were victims of DV cost a health plan approx. 92% more than a random sample of general female enrollees.

18, 19. Sequelae include: More often victims of nonconsensual sex, less favorable impression of physical and mental health status, higher levels of smoking, chronic pain syndromes (GI, Joint, Chest, Back, Abdomen and Pelvis), depression, generalized anxiety, substance abuse, SAB and low birth weight babies, PTSD.

20. The more severe the abuse, the more symptoms.

NATURAL HISTORY - Circle of Family Violence

TREATMENT

21. Validation
    Counseling re: probability of escalating violence
    Information re: local resources
    Referral
22. Safety planning: What s the point? Getting her to leave? Or getting her safe?

23-24. Perpetrator/offender programs are not currently a reliable way to improve the woman's safety, although there are some encouraging reports (e.g. Family Harmony in Crownpoint, NM).

CRITERIA FOR A SCREENING TEST

Sensitive - it finds what you want it to find.
Specific — It does not find what you are not interested in.
Reliable — It has similar results in different settings.

25. The screening test is compared to a "gold standard" for identification of the condition you are interested in. For family violence screens, this gold standard is the CTS2.

EXAMPLES OF 3 DV SCREENING TOOLS:

26. HITS (91% sensitive): How often has your partner physically <u>Hurt</u> you?
    How often has your partner <u>Insulted</u> you?
    How often has your partner <u>Threatened</u> you with harm?
    How often has your partner <u>Screamed</u> at you?
27. Do you feel safe in your current relationship?
    Is there a partner from a previous relationship who is making you feel unsafe now?
    Have you been hit kicked, punched, or otherwise hurt by someone within the past year? If so, by whom?

28-29. March of Dimes Screening Tool (>90% sensitive and specific). Reliability recently shown in different settings.

SAFE AND ACCEPTABLE

30. Most patients favor routine inquiry by physicians about physical abuse (78%) and sexual abuse (68%), and believed physicians could help with problems related to physical abuse (80%) and sexual abuse (79%).
31. Veterans and veterans wives showed 72% believe physicians should routinely inquire about DV.
14. A large majority of women (89%) and men (93%) surveyed on the San Carlos Apache reservation (19) would ... like to see doctors and nurses screening for DV at the clinics and felt the medical setting was a safe environment in which to discuss these issues.

COST

32-33. Time
Discomfort (Medical providers are more comfortable asking about cigarettes, alcohol, sexual orientation and drug use)
Fear of offending patient

MANDATORY REPORTING OF DV

34. The invisibility of DV is a major obstacle to its solution. The first step of the Center for Disease Control and Prevention s (CDCP) Family and Intimate Violence Prevention Program Team (FIVPT) calls for improved surveillance through better definition, description and tracking of DV.
35. *Patient concerns*: Risk of retaliation? Deterrent to seeking care? May not improve the care of battered patients? Limited response to reports of abuse? Inaccurate data collection? Bias in reporting? Documentation improved?
Ethical issues: Patients best interest? Autonomy? Confidentiality? Minimizing harm?
Legal concerns for medical provider: What is to be reported? Who reports it and at what level of suspicion? Who receives the report and what is the response? Penalties for failure to report? Immunity from liability provided? Confidentiality of reports provided? Are provider-patient privileges explicitly revoked?

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