

Thackeray J, Stelzner S, Downs S. Screener and Screening Environment Impact Patient Comfort When Screening for Intimate Partner Violence in the Pediatric Setting. Pediatric Academic Societies Meeting. Washington, D.C., 2005.

Background- Studies demonstrate the value of screening for intimate partner violence (IPV) in pediatric settings, but few pediatricians make screening a routine part of patient visits. Barriers to physician screening are well known. However, the barriers that patients face when disclosing a history of abuse to a physician are not. We sought to identify characteristics of the screener and screening environment which make a victim feel more comfortable disclosing a history of IPV.

Design/Methods- Female, self-reported victims of abuse were identified at an Indianapolis domestic violence shelter. Shelter staff distributed an anonymous survey to each resident. The survey consisted of 17 questions about demographics, how the respondent had first heard of and been referred to the domestic violence shelter – including the role of the healthcare professional, the degree of comfort with certain characteristics of the screener and the screening environment, and the preferred method for screening. The data were analyzed using SPSS statistical software.

Results- 140 surveys were completed. Women were more comfortable with a female screener ($p < .001$). Caucasian patients were more comfortable with Caucasian screeners [$t(45)=39.220, p < .001$], and African-American patients were more comfortable with African-American screeners [$t(75)=34.827, p < .001$]. The respondent's education level did not affect preference for a screener of one race or another. There was no significant difference in comfort with a screener who was a physician, nurse, or social worker. Women were not comfortable being screened with a child, friend, or family member present. Sixty-one percent (86/140) had never been screened for domestic violence by their healthcare provider. Only 2 of 140 (1%) respondents were informed of the existence of the shelter by the physician. Only 11 of 133 (7.9%) respondents would feel offended or angry if questioned about domestic violence by a healthcare provider. 67% of women surveyed indicated that discrete inquiry or completion of a health history form would be their preferred method to be screened.

Conclusions- The characteristics of the screener and screening environment have a significant impact on the comfort of the victim being screened for IPV. Pediatricians should be aware of these characteristics and should provide various opportunities, such as written questionnaires or a chance to speak privately, away from children and other family members, to help women disclose IPV in a safe, respectful, and culturally effective environment.