

DOMESTIC VIOLENCE SCREENING TIPS

From Ganley, A. "Domestic Violence: Strategies For Screening, Assessment, Intervention, And Documentation." Trainer's Manual For Health Care Providers, *Family Violence Prevention Fund* (1998).

1. Privacy:

Screen for domestic violence only when you have privacy with the patient, away from other family or friends.

2. Timing:

As with other sensitive issues, screen for domestic violence only after you have established an initial connection with the patient.

3. Use of interpreters:

If you are unable to converse fluently in the patient's primary language, use professional interpreters or another health professional as a translator. The patient's family or friends should not be used as interpreters on issues about domestic violence.

4. Discuss confidentiality and any limits to confidentiality.

If there are reporting requirements for the health care provider, explain what those are and the implications of reporting.

5. Present screening of domestic violence as routine.

This is something you ask all patients because of the prevalence of the problem for all people.

6. Be calm, matter-of-fact and non judgmental of the patient.

The style of our interview approach often increases or decreases a patient's willingness to disclose.

7. Gather behavioral descriptions of what happened rather than why it happened or its meaning.

For example, ask if the patient was slapped, pushed, grabbed, threatened or followed, rather than abused or battered.

8. Use more open-ended questions initially.

Use behavioral examples in the follow-up inquiry.

9. Respectfully use the patients' language and vocabulary

To gather information and to convey an understanding of their world.

10. Listening is one of the most important clinical skills for domestic violence.

It is often a key element in using a culturally appropriate approach. Listening allows the patient to define the problem, which then assists the provider in developing the intervention.

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Handout #3-4

Sample openings for domestic violence screening:

- “I am going to ask you some quick, routine questions that I ask all patients in order to understand their health. I may be jumping from topic to topic so I can get the big picture and then we can go back and talk about what is important to you.”
- “I am concerned that your medical problem may be the result of someone hurting you. Is that happening?”
- Connect the inquiry to something patient has already said. “You mentioned your partner’s substance abuse/temper/stresses. When that happens, has your partner ever physically hurt you, or physically fought with you, or threatened you?”
- “Many patients have health problems due to fights with their husbands. Do you know anyone who has had that problem? Has that problem ever happened to you? Is it happening to you now?”

Sample screening questions to follow the opening:

- “Has your partner use physical force against you ... or property ... or against someone else when fighting with you?”
- “Has your partner (family member, etc.) physically hurt or threatened you?”
- “Have you been pushed, shoved, grabbed or slapped by your partner? Has your partner attacked property, pets or others when fighting with you?”
- “Are you afraid of your partner? If so, what is your partner doing that makes you afraid?”
- “Has your partner humiliated you? Has your partner controlled you in a harmful way?”

What if your patient denies domestic violence?

1. Accept the response.

Not all patients are domestic violence victims. If a patient seems uneasy about the inquiry, reassure them that these were routine questions asked of everyone due to the prevalence of the problem. Many patients are appreciative of routine questions about their overall health.

2. If you are still concerned that domestic violence may be occurring,

briefly let patients know that you are a resource if that problem should ever be an issue for the patient. Let them know where they can get more confidential information about domestic violence and then move on to other topics. Routine inquiry often will open doors that domestic violence victims will use later.