

Effective Methods for Domestic Violence Screening in the Emergency Department

An Integrative Literature Review

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Abstract

Background: The CDC reports that one in four women and one in ten men will experience some form of domestic violence in their lifetime that will have either a short-term or long-term impact on their well-being. Often the first place these victims are seen where they can receive help is the emergency department. **Objectives:** The goal of this systematic integrative literature review was to explore existing literature on domestic violence screening methods used in the emergency department and determine which methods prove most effective. Concurrently, this review examined the barriers to effective domestic violence screening and how nursing education can be enhanced to incorporate proper screening techniques. **Methods:** A systemic integrative literature review study will be conducted. Databases used to gather sources of information for this review include CINAHL and PubMed. The keywords used to search the above mentioned databases were “domestic violence” and “screening” and “emergency department” which produced several sources. **Results:** Eight scholarly articles were reviewed for this manuscript. Included were several different types of articles and viewpoints on domestic violence screening. **Conclusion:** Research regarding the best methods of effective domestic violence screening is lacking and further investigation should be pursued. Each institution should work to standardize an effective screening method and using a step-by-step approach. Nursing education should be formatted similarly to provide simplicity and confidence in the screening process. As far as one effective, specific method for domestic violence screening, that is to be determined in further research.

Keywords: domestic violence, screening, emergency department, nursing interventions

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Chapter 1: Introduction

Background and Significance

More than one-third of women and one fourth of men in the United States will experience physical or sexual violence and verbal threats during their lifetime. (Choo, et al., 2015). Most people are aware that domestic violence is an issue in our society, but do not recognize its prevalence. Historically, domestic violence has been a subject overlooked and unacknowledged due to social stigmas. The media highlights other issues such as shootings or robberies, while news about domestic violence incidents are rarely broadcasted. In some ways, it can present as a more controversial topic of discussion. Contrary to popular belief, domestic violence is a relevant concern that is often at the root of other violent or criminal acts. Some form of domestic violence will affect most people, whether it is directly or indirectly. One group of researchers identified it as a real problem; “a healthcare epidemic” that society should be concerned about (Hugl-Wajek, et al., 2009). It is important that awareness is not the only issue discussed, and that as a society conscious efforts are being made to identify and provide help to those that are impacted by domestic violence.

Physical, sexual, psychological, and emotional abuses are all forms of domestic intimate partner violence (IPV) (Barzargan-Hejazi, et al., 2014). Healthcare professionals have the ethical responsibility to recognize and interfere in cases of abuse. In most states, healthcare workers are legally required to report signs of abuse. The emergency department is the ideal location to screen for domestic violence and related risky health behaviors (Choo, et al., 2015).

Specifically, nurses in the emergency department are in the most unique position to immediately provide help to victims. Nurses usually spend the most time interacting with patients and building a significant level of trust in a patient’s most vulnerable hours. If victims

were to report abuse, it would most likely be in a situation where they felt safe like under the care of healthcare professionals in the hospital setting. Introducing the topic of domestic violence during an emergency room visit will help patients know someone is willing to help and what they have experienced does not have to be a permanent situation. Feedback from survivors has shown to be positive. Survivors reported that being screened experienced “strong emotional reactions to divulging IPV, epiphanies about the nature of their relationships, and determination to seek help from domestic violence agencies and to use safety behaviors in the future” (Choo et al., 2015).

Problem Statement

Research conducted by Hamberger, Rhodes, and Brown (2015), suggests that early research reveals only about one-tenth of domestic violence victims were identified in the emergency medicine setting. The main problem is lack of screening policies in hospitals, due to inadequate information about what techniques work best. A large gap has been shown in clinical trials devoted to effective methods for screening and intervening for domestic violence and the health outcome of patients, especially in emergency medicine literature (Choo, et al., 2015).

Nurses have the opportunity to make a difference in domestic and IPV. There are many barriers that need to be researched further and addressed for adequate assessment measures to be put into action. Lack of research proves that little is known about the effects of asking simple questions or more advanced standardized techniques for intervention in (Choo et al., 2015). The lack of literature may also debilitate nursing education in the area of domestic violence screening. Choo et al. (2015) asked readers to remember, “The absence of evidence is not evidence of absence.”

Purpose of Integrative Literature Review

The purpose of the intended integrative literature review is to analyze current research available on methods for domestic violence screening in the emergency department and to discover which method or methods are most effective. Additionally, the purpose of this review is to identify barriers to effective screening and how education should be improved so that nurses feel comfortable intervening. Knowing the barriers to effective screening will help healthcare providers understand how to work around them. Improved education for nurses will give them the confidence to effectively screen patients, therefore making victims of domestic violence and all patients feel comfortable answering appropriate questions and talking about domestic violence. This could bring about a social change, causing society to speak up more about domestic violence and understand that the emergency department workers can provide a safe place to get help.

Research Questions

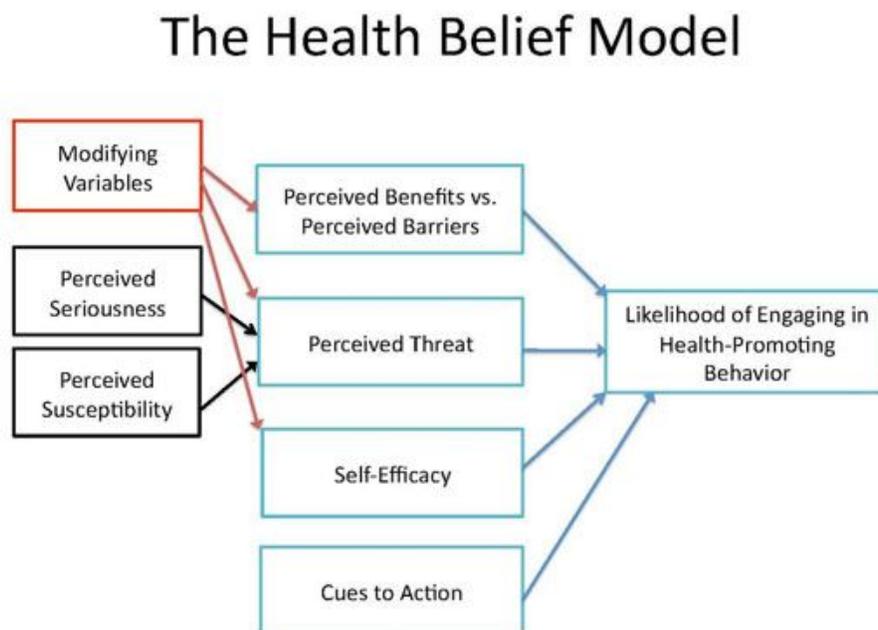
1. What are the barriers for effective domestic violence screening in the ER?
2. Which method for domestic violence screening is most effective?
3. How equipped are emergency department nurses to perform domestic violence screening and reporting?

Conceptual Framework

Domestic violence is an issue that affects nearly everyone. There are many factors to understand how domestic violence affects people, the likelihood of reporting, and how effective a particular screening method will be. The conceptual framework that can best address these factors is the Health Belief Model (HBM). This model addresses perceived susceptibility, perceived severity, perceived barriers, perceived costs, and effectiveness of preventative health

and health screening (Raingruber, 2014). It was later extended to include demographic variables, perceived self-efficacy, cues to action, health motivation, perceived control, and perceived threat (Raingruber, 2014). Although this model generally focuses on the negative factors, in this integrative literature review, it is important to recognize these factors specifically in order to discover which methods are more effective which will lead to more positive health behaviors. Figure 1 shows the main concepts of the Health Belief Model and how they correlate to each other to examine the likelihood of health-promoting behavior. In this case, it would be the likelihood of domestic violence reporting, which would be improved by effective screening methods by healthcare providers.

Figure 1: Conceptual Map of the Health Belief Model (Raingruber, 2014)



In this representation, the concepts to be reviewed in this integrative literature review can be placed under each category or contributing factor. The arrows demonstrate how the factors are interconnected. Modifying variables would include things that can be improved to help domestic violence screening be more effective, including better education and instruction for nurses and

other healthcare providers on how to screen for and report domestic violence. Modifying variables also affects the perceived barriers to domestic violence screening and the benefits of reporting. For example, if nurses are properly educated they can explain the benefits and work around the barriers. Self-efficacy or the ability of the individual to adopt a behavior such as a certain view of domestic violence screening also comes from modifying variables. Perceived seriousness and susceptibility would include societal and individual views on domestic violence. This would include how common a person thinks domestic violence is and the chances of that individual being affected by it, which would be considered the perceived threat. Cues to action in domestic violence screening would be the language used when talking about domestic violence and how the nurse presents the topic to the patient. This is one of the more important factors for this review because screening methods involve how the discussion of domestic violence is portrayed to the patient population. All of these factors are directed to the likelihood of engaging in health promoting behavior and in this case, how likely nurses are to use effective screening methods that will encourage patients to report domestic violence and seek help (Raingruber, 2014).

Chapter 2: Methods

Research Design

The design of the study presented in this proposal is an integrative literature review. Its purpose is to determine the most effective domestic violence screening methods to be utilized in the emergency department. In order to complete the literature review, a search of literature will be conducted following the framework of Whittemore and Knafl (2005). This framework includes four stages of review: problem identification, literature search, data evaluation, and data analysis by chart matrix (Whittemore & Knafl, 2005). The results of each study will be analyzed

to determine what methods of domestic violence screening were most effective, and interpreted to identify further research that needs to be done. Researchers and nurses can use the information presented in the integrative literature review to identify gaps in research and reveal which methods are most effective in screening for domestic violence.

Literature Search Strategies

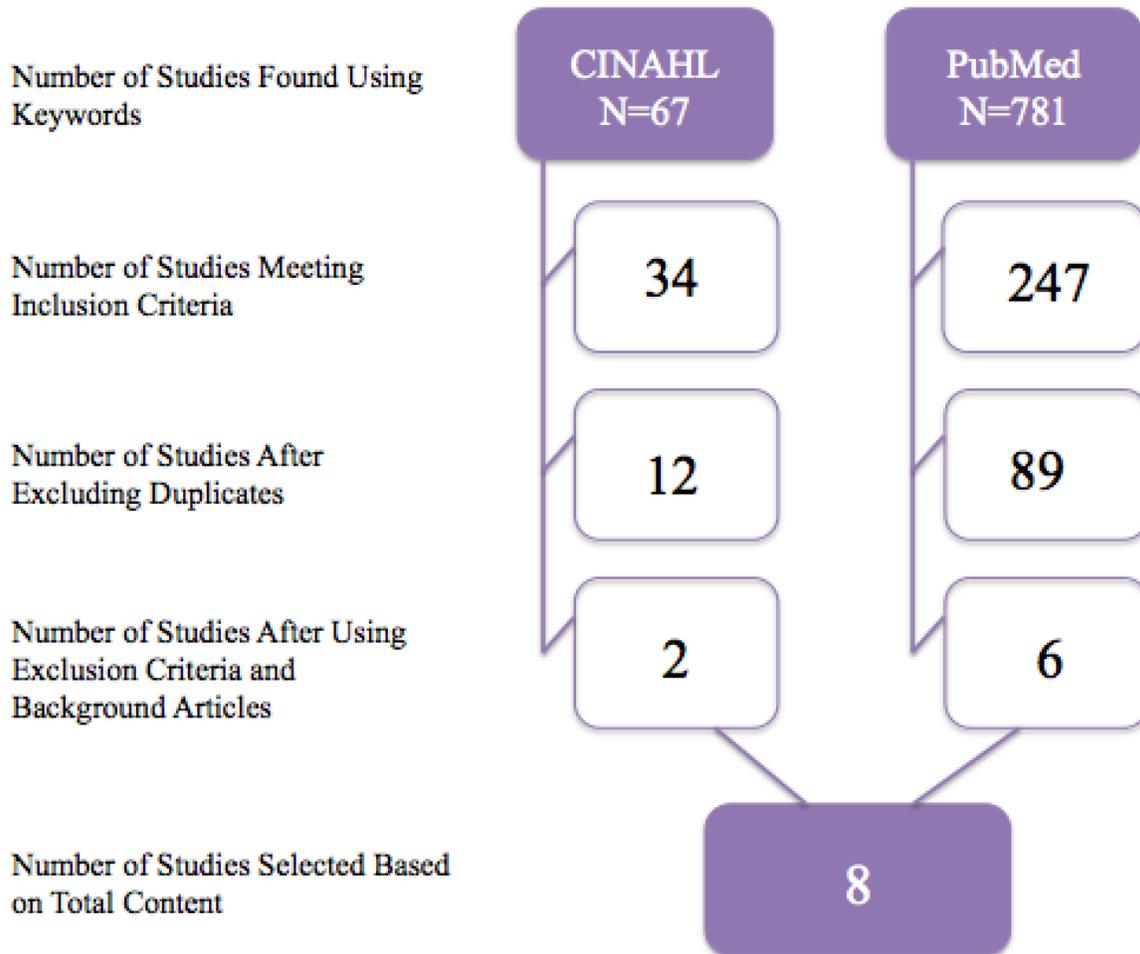
The DePaul University Library Database was used as the search engine for the integrative literature review. The following databases were searched for the integrative literature review to gather sources: CINAHL and PubMed. The keywords that were used to search the above mentioned databases were “domestic violence” and “screening” and “emergency department” which generated several sources. To find more articles another search using the same databases was conducted using the keywords “domestic violence” and “screening” and “nursing interventions” which yielded the rest of the reviewed sources.

Literature Search Limitations and Inclusion/Exclusion Criteria

The search for the integrative literature review was limited to journal articles published within the last ten years from 2006-2016. Also, the search was limited to articles published in English and in the United States. Both databases, CINAHL and PubMed, made suggestions of other popularly searched articles related to the keywords used. These articles were examined, but the majority were considered too unrelated to the topic. For example, if the article did not pertain to the emergency department or emergency medicine they were not considered to be part of this review. All journal articles were examined for relevance to domestic violence screening methods in the emergency department and a total of fifteen articles were relevant and reviewed. Figure 2 shown below illustrates in detail the numerical break down of the search. It is modeled after

Shimpuku and Norr's (2012) suggestion of creating a diagram to display the process of reviewing articles to be included in a study.

Figure 2: Diagram of Review Process



Data Analysis

The studies that will be used will be categorized in a table. The information from each article will be divided into categories to discuss effective methods for domestic violence screening in the emergency department. The categories will be as follows: author and year; purpose/problem, sample, framework, design, success of screening method/interventions, and results. The various studies will be compared based on these categories as well as their relevance

using the Health Belief Model. Studies presented in this literature review will explore which screening methods have shown to be most effective for domestic violence recognition in the emergency department and how this applies to nurses.

Chapter 3: Results

Results

After extensively reviewing the literature, eight scholarly articles that address the research questions regarding effective domestic violence screening were selected. These studies were mostly conducted in the United States and included qualitative literature reviews and analyses, cross-sectional studies, author manuscripts, descriptive methods, and retrospective reviews of data. Studies included in this review are displayed in Table 1. The following discussion section answers the research questions and supports the purpose of this study.

Discussion & Nursing Implications

To understand the lack of a standardized, effective screening method for domestic violence, barriers to screening needed to be identified. While reviewing the literature several common themes were shown. The first barrier is the identification of those at risk and determining who should be screened. The most commonly stated risk factors were alcohol and drug use, depressive symptoms, and childhood exposure to violence (Bazargan-Hejazi, et al., 2014). In addition, Sullivan (2014) pointed out that because some of these risk factors can be considered common stressors of life, generalizations cannot be made about victims, and therefore, anyone could be at risk, and all patient seen in the emergency department should be screened. Another important barrier addressed is the perception and difficulty of the “unspoken” topic of domestic violence. Stereotypes of victims, myths of who is effected, and fears regarding actually verbalizing a problem on both sides of the screening process – nurses and victims – have shown

to be significant barriers (Robinson, 2010). Other barriers shown throughout this review included lack of nursing education and confidence in domestic violence screening and lack of standardized hospital-based policies instituting mandatory screening. Although these barriers have been identified, there is little research on how to overcome them to produce effective screening methods.

The aim of this review was to unveil the best and most effective method for domestic violence screening. While suggestions were made in several different ways of what an effective method should look like, a specific, standardized method to domestic violence screening is still to be determined. Choo & Houry (2015), suggests a sequential, response-driven approach in an easy to follow steps as part of a standardized method. Hamberger, et al., (2015), supports this by concluding each health system should have a standardized plan for domestic violence screening in place as part of emergency department protocol. Another suggestion by one study is to have one individual on staff in charge of all domestic violence screening; a domestic violence advocacy coordinator (Hugl-Wajek, et al., 2009). This approach promotes consistency and would also provide an in-house constant source of education and resources for health care providers. Further research needs to be conducted regarding the best method for domestic violence screening. Ideally it would be a step-by-step approach that is easy for nurses to understand and implement in the emergency room to all patients as part of a routine assessment.

To achieve the goal of affective domestic violence screening in the emergency setting, nurses must be properly equipped and confident. The literature reviewed reported negative results on the preparedness of emergency room nurses. It is shown in the supporting literature that nurses do not feel equipped to address domestic violence. Many factors influence why nurses are unprepared and do not feel qualified to perform domestic violence screening and

reporting. Not only is there a large gap in education at the university and health system level, but common misconceptions and the shame and awkwardness society has associated with discussing domestic violence keeps nurses from fulfilling this duty. Most nurses if they are in fact screening for domestic violence, are only doing so based on their own perception of the patient instead of screening all patients (Robinson, 2010). This demonstrates a lack of knowledge in the nursing community about how domestic violence is presented and that sometimes the risk factors are too commonly associated with other illness or injury. Yonaka's (2007) research showed that although some nurses may be able to detect that some form of abuse may be happening, nurses do not know what to do next. Nurses are under-educated about how to report suspicions of domestic violence and the necessary steps to take once domestic violence is recognized.

Conclusion

Domestic violence affects millions of women and men in the United States (CDC, 2016). Although no individual is completely exempt from the possibility of being affected by domestic violence, there are a group of risk factors linked to this type of abuse (Bazargan-Hejazi, et al., 2014). Nurses are in a unique position to aide in the prevention and recognition of domestic violence and provide the help and resources to keep victims safe (Robinson 2010). Specifically emergency department nurses have the best opportunity to address this issue due to the nature of injury that can accompany domestic violence. The purpose of this integrated literature review was to analyze current research available on methods of domestic violence screening in the emergency department and determine which are most effective while identifying barriers to effective screening. While there are plenty of reviews and manuscripts on the importance of domestic violence screening, research regarding the best methods of effective domestic violence screening is lacking and further investigation should be pursued. This review determined that

each institution should standardize an effective screening method and involve a step-by-step approach. Nursing education should also be formatted in this fashion to provide simplicity and confidence in the screening process. As far as one effective, specific method for domestic violence screening, that is to be determined in further research.

Future Direction and Nursing Implications

Current knowledge regarding best practices for domestic violence screening in the emergency department is limited. The literature that has been reviewed is a strong foundation for further research. Many nursing implications have been noted that can be carried on into the themes of future research studies regarding domestic violence screening in the emergency department setting. Because emergency nurses are often the first health care providers given the opportunity to ask individuals about domestic violence and are the first line of prevention and intervention (Robinson, 2010), triage nurses should be hypervigilant in identifying risk factors seen in patients, without bias (Sullivan, 2014). For nurses to be able to recognize risk factors and have the confidence needed to confront domestic violence issues, systematic education is needed to create appropriate awareness (Yonaka, 2007). It is suggested to have a simple step-by-step approach on domestic violence screening to give nurses more confidence when talking to patients about a sensitive subject and it will hopefully increase safety and well-being of those effected (Choo & Houry, 2015). Suggestions in current literature are made towards a systems-level approach to consistent domestic violence education and screening practices for each individual institution (Hamberger, et al., 2015), or incorporating a staffed position solely dedicated to domestic violence education, prevention, detection, and overall resource coordinator (Hugl-Wajek, et al., 2009). In fact, Choo, et al. (2015), advocates for standardized domestic violence screening in every emergency department as a necessity of care. Further investigation

should still be done to narrow down a specific, systematic, and standardized approach to domestic violence screening. Also, the most important factor for success of domestic violence prevention and recognition lies with nursing as a profession. Nurses need to be confident in their ability to address domestic violence and proper education is the best vehicle for improvement. More research should be invested in nursing education approaches to domestic violence screening at the university and health system levels.

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