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Effective Methods for Domestic Violence Screening in the Emergency Department

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INTRODUCTION
The CDC reports that one in four women and one in ten men will experience some form of domestic violence in their lifetime.
- Often the first place these victims are seen is the emergency department.
- Nurses in the emergency department are in the most unique position to immediately provide help to victims.
- Nurses spend the most time interacting with patients and build a significant level of trust in a patient’s most vulnerable hours.

PURPOSE
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.
- Identify barriers to effective screening and how education should be improved so that nurses feel comfortable intervening.

METHODOLOGY
- Databases searched include CINHAL and PubMed.
- Search terms: domestic violence, screening, emergency department, nursing interventions.
- The Health Belief Model guided the literature review as a theoretical framework.

DISCUSSION
Barriers to effective screening include:
- Identification of those at risk and whose should be screened, the perception and difficulty of the topic of domestic violence and the social stigmas that come with it.
- Lack of nursing education and confidence in domestic violence screening, and lack of standardized hospital-based policies instituting mandatory teaching.

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. Suggestions include a sequential, response-driven approach in easy to follow steps, standardized plans for domestic violence screening in place as part of emergency department protocol, and having one individual on staff in charge of all domestic violence screening, a domestic violence advocacy coordinator.

It is shown in the supporting literature that nurses do not feel equipped to address domestic violence. 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. Other 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.

NURSING IMPLICATIONS
- Triage nurses should be hyper-vigilant in identifying risk factors seen in patients, without bias.
- Systematic education is needed to create appropriate awareness.
- A simple step-by-step approach on domestic violence screening will give nurses more confidence when talking to patients about domestic violence and it will hopefully increase safety and well-being of those affected.
- Suggestions in current literature are made towards a systems-level approach to consistent domestic violence education and screening practices for each individual institution, or incorporating a staffed position solely dedicated to domestic violence education, prevention, detection, and overall resource coordinator.
- Advocating for standardized domestic violence screening in every emergency department as a necessity of care.