

Screening for Domestic Violence

Obstetrics/Gynecology & Family Planning

The American College of Obstetricians and Gynecologists recommends that every woman and girl presenting to an Ob/Gyn provider be screened for domestic violence. Because the prevalence of domestic violence in the Ob/Gyn setting is high and because many women use their Ob/Gyn provider as their primary provider of health care and do not access other providers in the health care system, screening in this setting is critical.^{20,25,27} Like primary care, Ob/Gyn and family planning settings offer a woman the chance to have a private conversation with her health care provider, where screening can be done in a less hectic setting than in the emergency department, for example.

It is estimated that between 7% and 17% of pregnant women in this country are battered by their partners.²⁸⁻³⁰ Of 225 pregnant and 142 nonpregnant women presenting to an urban New England urgent care obstetrics and gynecology unit, 184 (46%) reported a history of physical or sexual abuse, and 38 (10%) reported recent abuse.¹⁰ Recent clinical studies have proven the effectiveness of a two minute screening for early detection of abuse to pregnant women. Additional longitudinal studies have tested a 10-minute intervention that was proven highly effective in increasing the safety of pregnant abused women.³¹

■ ***Who should be screened for domestic violence?***

- All females aged fourteen years and older.

■ ***Who should screen for domestic violence?***

At a minimum, screening should be conducted by a health care provider who:

- Has been educated about the dynamics of domestic violence, the safety and autonomy of abused patients and cultural competency
- Has been trained how to ask about abuse and to intervene with identified victims of abuse
- Has the opportunity to speak to the patient in a private setting
- Is authorized to record in the main body of a patient's medical record.

Ideally, screening should be conducted by a health care provider who:

- Establishes a relationship or some trust with the patient.

■ *How should screening occur?*

At a minimum, screening for domestic violence should:

- Be part of a face-to-face health care encounter
- Be direct and nonjudgmental
- Take place in private; no friends or relatives of the patients should be present during the screening and preferably no children over two should be present
- Be confidential; patients should be told of the confidentiality of the conversation and told of the limits of that confidentiality
- Use professional interpreters when needed, rather than a patient's friend or family.

Ideally, screening for domestic violence should also:

- Be included as part of a written health questionnaire
- Be conducted in the patient's primary language.

■ *When should screening occur?*

- At every prenatal and postpartum visit
- At every new intimate relationship
- At every routine gynecological visit
- At family planning visits
- At STD clinics/visits
- At abortion clinics/visits.

■ *What should patients be screened for?*

- Screening should be for current and past domestic violence that occurred anytime in a woman's life.