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Penn researcher uses computer-based screening to help identify domestic violence victims

Victims underreported despite frequent trips to Emergency Room

(Philadelphia, PA) ‧Although victims of domestic violence frequently seek out care in hospital emergency departments, the abuse is rarely identified by department staff and the issue is often not broached. Experts attribute this to clinicians who are reluctant to discuss this sensitive topic, combined with the time constraints faced by the staff.

Now, a new study indicates that the use of a simple and inexpensive computer-based questionnaire increases the odds, but did not guarantee that domestic violence would be addressed during emergency department encounters. Results of the study are published in the May 22 issue of Archives of Internal Medicine.

"Victims of domestic violence are often eager and willing to talk about the issue with a healthcare provider but are reluctant to bring it up first," says Karin Rhodes, MD, Emergency Medicine physician at the Hospital of the University of Pennsylvania and lead author of the study.

"Previous studies indicate that patients are more likely to disclose sensitive information, including experiences with domestic violence, on computer-based screenings than on paper surveys or in personal interviews," she says.

To further test these findings, Rhodes and her colleagues set up a computer screening program in two emergency departments, one urban and one suburban. Over a 19-month period, 903 women were randomly selected to either complete the computer-based risk assessment or receive standard care.

The computer program asked questions about a variety of health risks, including eight that addressed domestic violence. If a woman responded positively to any of the eight

questions, an alert advising the physician to assess her for domestic violence appeared on a printout that was then stapled to the patient's chart.

Participants were audiotaped during their interactions with physicians and completed an exit questionnaire. Researchers later reviewed the tapes to determine if domestic violence was discussed, disclosed, or treated during each encounter.

Of the women who completed the exit questionnaire, 26 percent at the urban ED and 21 percent at the suburban ED indicated they were at risk for domestic violence. Those who completed the computer screening were more likely to talk to a physician or nurse practitioner about domestic violence and twice as likely to disclose domestic violence during the ED visit as those who received standard care.

In the urban ED, women who completed the computer survey were more likely than those who received routine care to discuss domestic violence with their clinician, disclose their own domestic violence situations or receive care or referrals for domestic violence. Women at the suburban site were much less likely to discuss or disclose domestic violence.

At both sites, only 48 percent of the women (17 percent in the suburban ED and 61 percent in the urban ED) whose computer surveys generated an alert for the physician had a discussion about domestic violence during their visit.

"This shows how much reluctance there is among clinicians to discuss this issue with patients," says Rhodes. "Even when a red flag went up on the computer screening, it still didn't guarantee that the clinician would discuss it with the patient."

Although domestic violence is a highly prevalent condition, detection in the ED remains elusive, the study authors conclude.

"Our current system provides no mechanism for women to reveal domestic abuse," says Rhodes. "We found that women will disclose their domestic violence risk to a computer, however.

"Our study both supports the potential for computer screening to increase identification and referral for domestic violence and raises the concern that ED physicians, particularly suburban physicians, may need additional training to adequately recognize and respond to chronic, complex psychosocial issues."

The study also found that when a clinician followed-up on a computer prompt and discussed domestic violence with a patient, that patient's satisfaction with her visit increased.

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