

Screening for Domestic Violence Primary Care

Within the managed care system, women are increasingly being seen in a primary care or obstetrician/gynecologist setting, which serves as their entry point into the health care system. The primary care visit offers 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. The primary care setting also offers an opportunity to screen both women who present for routine health maintenance and those who are presenting for specific health complaints.

- ◆ **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 the 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 non-judgmental
- ⇒ Take place in private; no friends or relatives of the patient should be present during the screening and preferably no children over two years old 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 member

Ideally, screening for domestic violence should also:

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



Domestic Violence (DV) Screening

Name: _____

Date: _____

This information is part of your health care record. Your responses will not be released to anyone without your written consent, except as otherwise provided by law. If you do not feel comfortable talking today, you can call the hotline number below anytime at:

Ohio Domestic Violence Network

4807 Evanswood Drive, Suite 201

Columbus, Ohio 43229

(614) 781-9651 or

(800) 934-9840

(614) 781-9652 Fax

(614) 781-9654 TTY

E-mail: info@odvn.org

Please answer the following questions:

1. Do you feel safe at home? YES NO

2. We all have disagreements – when you and your partner or a family member argue, have you ever been physically hurt or threatened? YES NO

3. Do you feel your partner or a family member controls (or tries to control) your behavior too much? YES NO

4. Does he or she threaten you? YES NO

5. Has your partner (or other family member) ever hit, pushed, shoved, punched, or kicked you? YES NO

6. Have you ever felt forced to engage in unwanted sexual acts/contact with your partner or other family member? YES NO

Physician use only

<p>DV Screen DV – Negative DV + Positive DV ? (Suspected)</p>
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