Screening for Domestic Violence in an Oncology Clinic: Barriers and Potential Solutions

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Domestic violence is a significant public health problem in the United States. According to recent estimates, about one in four women and one in seven men have experienced some form of lifetime domestic violence (Breiding, Black, & Ryan, 2008). Eighty-five percent of victims of nonfatal partner abuse are women, and about three times more women than men died at the hands of an intimate partner (Rennison, 2003). Because of the disproportionate

Purpose/Objectives: To evaluate the implementation of a domestic violence screening protocol in an oncology clinic.

Design: A retrospective review of a random sample of clinic medical records and qualitative surveys of nursing staff.

Setting: A gynecologic oncology clinic in a large teaching hospital.

Sample: 204 charts were abstracted and six oncology nurses completed surveys.

Methods: A random sample of patients from clinic appointment schedules was selected 6 and 12 months after the implementation of a domestic violence screening protocol. A brief written survey of nursing staff also was conducted.

Main Research Variables: Documentation of domestic violence screening, barriers to screening and documentation, and potential solutions to the barriers.

Findings: Sixty-three percent of the charts reviewed had a domestic violence screening record present, but only 12% of the charts with a screening record had documentation. Patients with domestic violence screening documentation were more likely to have had five or more clinic visits during the study period. The most frequent barriers to protocol implementation cited by nursing staff were forgetting to screen or document domestic violence screening. Nursing staff recommended adding domestic violence screening questions to forms and providing reminders to screen.

Conclusions: Several barriers to successful implementation of a domestic violence screening protocol in a gynecologic oncology clinic, including documentation issues, were encountered.

Implications for Nursing: Nurses interested in implementing a domestic violence screening protocol in their oncology clinic should consider reviewing the barriers to domestic violence screening and documentation and the potential solutions identified in this study.

Digital Object Identifier: 10.1188/08.ONF.625-633