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

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This article has been chosen as particularly suitable for reading and discussion in a Journal Club format. The following questions are posed to stimulate thoughtful critique and exchange of opinions, possibly leading to changes on your unit. Formulate your answers as you read the article. Photocopying of this article for group discussion purposes is permitted.

1. What do we know about the prevalence of domestic violence in general or in our patient population? *Suggestion:* Invite someone to address the issue (e.g., social worker, community worker) or provide supporting information for discussion.
2. Can anyone relate a previous experience with a patient experiencing domestic violence?
3. Is the possibility of domestic violence a concern that warrants specific changes to our practice and procedures?
4. Considering our patient population, what do we see as our role with regard to screening for domestic violence?
5. What resources do we have if we become aware of a patient who is confronting domestic violence?
6. Can we identify any of the strategies listed in this article that we might want to incorporate into our approach to patients?

At the end of the session, take time to recap the discussion and make plans to follow through with suggested strategies.

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.

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

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