

Universal screening programs can uncover abuse, study finds

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Screening every woman who comes to a health care centre does increase the number who acknowledge they have been abused by their partners, a new study confirms.

The study, led by Patricia O'Campo, director of the Centre for Inner City Research at St. Michael's Hospital, represents a major reversal of thinking about the value of universal screening programs for [domestic abuse](#) or [intimate partner violence](#).

Until now, the research and health care policy communities felt there was insufficient evidence to support such programs. O'Campo reviewed all the major studies conducted on the topic between 1990 and 2010 and came to a different conclusion. Her results appear in the journal *Social Science and Medicine*.

She found the most effective universal screening programs are those that have:

- the support of their institution and senior administrators
- standardized questions for asking about abuse and clear guidelines, such as talking to patients privately
- thorough initial and ongoing training for staff

- and immediate access to or referral to support services.

"What is not effective is asking staff to do the screening without providing staff with any support during what is a stressful experience for women who are experiencing violence," she said. "When the right supports are in place for staff, then the screening process can be very effective and more patients can be helped. What these supports do is help the staff feel more confident and capable of performing the screening effectively."

O'Campo said past studies have measured the effectiveness of universal screening programs in terms of whether they result in less abuse. She said that's not the best measure of success because there are so many, sometimes tentative, steps involved in the process, many of which are outside the [health care system](#).

She said the programs that showed the most improvement in screening rates provided immediate access to support services for such things as mental health, housing, health care, employment and legal issues. Some programs had onsite case managers; others made immediate referrals to community agencies.

"It is not helpful to ask a patient to disclose that she's experiencing violence and then to have no service or help to offer her," the paper said. "Health care providers need to have support service providers on site or to have good connections to services outside the hospital so women get the help they need immediately."

"Successful screening programs had support services in place for individuals who disclosed IPV, including, but not limited to, mental health services, safe shelters or transitional housing, health care, employment assistance and legal services."

O'Campo said she would like to see more screening for abuse,

"Intimate partner violence tends tends to be a hidden problem," O'Campo said. "When health care providers screen properly, women are willing to disclose and get the help they need. Especially in a place like Canada, where almost every woman has a doctor and has health insurance, universal screening is a perfect way to get to everybody."

The World Report on Violence and Health estimated that 22 to 30 per cent of women in North America and Britain suffer physical assault at least once in their lifetime.

Provided by St. Michael's Hospital

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