Domestic Violence Screening: A First Step NOT A Finish Line

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Tender has been working with health professionals exploring the screening process for some time now so when anew study came out on the success of screening practices, we welcomed it. http://www.bmj.com/content/348/bmj.g2913). 'Screening increased identification by 133%…compared with usual care.' 133%! This is incredible. This is a number that reflects lives that could be changed for the better. So you can imagine our surprise when articles surfaced implying that screening was, for lack of a better phrase, a waste of time.

The fact of the matter is, while identifying abuse went up 133%, what the study didn't see was a link between increased identification and referrals to support services or a direct correlation between identification and improved outcomes for women. So are screenings a waste of time? Absolutely not.

133% is NOT a waste of time.

The issue here is that screening women for domestic violence is a great FIRST STEP. It isn't the only step. Identifying that a woman is experiencing abuse doesn't mean that her situation will necessarily change, but it does mean that health professionals have the opportunity to follow a path of referrals that may, in fact, save her life. Clinic policy needs to be asking 'What Happens Next' and providing their staff with a clear set of steps to take after identification.

Doctors and nurses need to be encouraged to keep asking the right question and empowered with the knowledge of what to do next. We cannot let procedure slip backwards. We cannot let women attend appointments praying for a question that never comes. We have a societal responsibility to engage in this issue. An assumption of not being able to change a situation should never be used as an excuse to not try.

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