

Mothers' and Health Care Providers' Perspectives on Screening for Intimate Partner Violence in a Pediatric Emergency Department

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Objective To determine the attitudes, feelings, and beliefs of mothers and pediatric emergency department health care providers toward routine intimate partner violence screening.

Methods This qualitative project employed focus groups of mothers who brought their children to a children's hospital emergency department for care, and physicians and nurses who staffed the same department. We held 6 ethnically homogeneous mother focus groups (2 white, 2 African American, and 2 Latina) and 4 provider focus groups (2 predominately female nurse focus groups and 2 physician groups: 1 male and 1 female). Professional moderators conducted the sessions using a semistructured discussion guide. All groups were audiotaped and videotaped, and tapes were reviewed for recurring themes.

Results A total of 59 mothers, 21 nurses, and 17 physicians participated. Mothers identified intimate partner violence as a common problem in their communities, and most remarked that routine screening for adult intimate partner violence is an appropriate activity for a pediatric emergency department. However, many expressed concern that willingness to disclose might be affected by a fear of being reported to child protective services. They stressed the importance of addressing the child's health problem first, that screening be done in an empathetic way, and that immediate assistance be available if needed. Themes identified in the provider groups included concerns about time constraints, fear of offending, and concerns that unless immediate intervention was available, the victim could be placed in jeopardy. Many said they would feel obligated to notify child protective services on disclosure of intimate partner violence.

Conclusions Intimate partner violence screening protocols in the pediatric emergency department should take into consideration the beliefs and attitudes of both those doing the screening and those being screened. Those developing screening protocols for a pediatric emergency department should consider the following: (1) that those assigned to screen must demonstrate empathy, warmth, and a helping attitude; (2) the importance of addressing the child's medical needs first, and a screening process that is minimally disruptive to the emergency department; (3) a defined, organized approach to assessing danger to the child, and how and when it is appropriate to notify child protective services when a caregiver screens positive for intimate partner violence; and (4) that resources must be available immediately to a victim who requests them.

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