



# Determining ED staff documentation practice, awareness, and knowledge of intimate partner violence questioning and documentation tools

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## Background

Domestic violence (DV) rates in smaller cities have been reported to be some of the highest in Canada. It is highly likely that emergency department staff will come across victims of intimate partner violence (IPV) in their daily practice. The purpose of this study is to better understand current practices for detecting IPV, staff awareness and knowledge surrounding IPV, available screening tools, and barriers to questioning about IPV in the emergency department (ED). Finally, we will determine whether ED staff would be willing to implement a brief 3-question IPV screening tool, the Partner Violence Screen (PVS) in their daily practice.

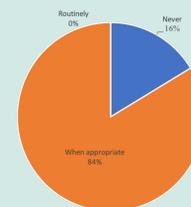
## Methods

A standardized retrospective chart review was completed by two researchers to capture domestic violence documentation rates in patients presenting to the ED between January and April 2015 with injuries that may have been caused by IPV. A cross-sectional online survey was distributed to ED staff via staff email lists three times between July and October 2016 with a response rate of 45.9% (n=55). The survey assessed self-reported documentation/questioning practices as well as awareness, knowledge, and barriers surrounding IPV questioning, as well as a 5-question Likert scale to determine willingness of staff to implement a new case-finding tool.

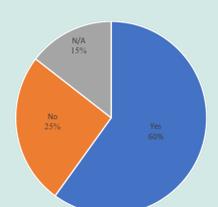
## Results

Overall, we found documentation about IPV in 4.64% of all included patient charts (n=366). No documentation was noted in the DV field. With regards to self reported documentation practices, 16.4% of ED staff never questioned female patients about IPV, 83.6% asked when thought appropriate, and none asked routinely. None of the staff used a structured screening tool. 60% of ED staff documented their questioning but 92.7% did not use the DV-field for documentation. When asked to identify recommended questions for asking about IPV, staff were more likely to choose appropriate questions (75.3%; 95% CI 69.3 to 80.6% vs 23.8%; 95% CI 19.4% to 30.7%). However, 87.3% of respondents were not aware of current screening tools and 81.8% of ED staff did not receive any formal training on domestic or intimate partner violence. Partner presence was the most common reason for not asking about IPV (23.0%). This was followed by lack of access to domestic violence management information or strategies for victim to change situation (18%), lack of knowledge, training, preparedness, self-confidence (17.2%), and time constraints (14.8%), respectively. With regards to the PVS screening tool, 43.6% of staff responded that they are likely to use the tool routinely, 29.1% were unsure, and 2.7% very likely. 7.27% and 3.64% stated their predicted use as unlikely and very unlikely, respectively. In addition, 43.6% of staff thought that the PVS would be beneficial in case finding for IPV, 40% were unsure, 12.7% thought very likely, 1.82% unlikely, and 1.82% very unlikely.

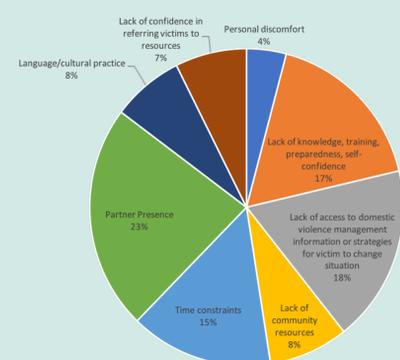
Do ED staff question female patients about IPV?



Do ED staff document that the patient has been questioned?



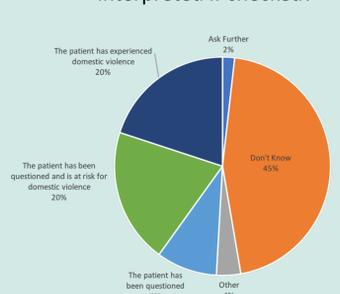
Barriers to IPV questioning



Deliberate injury documentation



How is the DV-field interpreted if checked?



## Conclusion

Our findings suggest that the current documentation tool (DV-field) is not being utilized. Low rates of IPV documentation in high risk patients indicates that there is need to improve current practice. There may also be a gap in education surrounding this high risk condition as seen by the lack of knowledge surrounding current tools, lack of training, and barriers faced by ED staff. In order to improve identification of this high risk condition, appropriate training and education about IPV/DV are required to increase staff comfort as well as awareness of available community resources for victims. Our study suggests that ED staff may be receptive to the introduction of the PVS. Future directions will include the introduction of this tool through a knowledge translation education piece in order improve the identification process for and awareness of a high-risk condition in a vulnerable population group.