

Universal Screening and Mandatory Reporting: An Update on Two Important Issues for Victims/ Survivors of Intimate Partner Violence

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Of the approximately 95 million visits each year to emergency departments in the United States, 53% are by women.¹ When women in emergency departments are screened for intimate partner violence, up to 30% indicate that they have been victims of such violence.²⁻⁴ Two major policy issues concerning intimate partner violence deserve our attention: universal screening and mandatory reporting.*

Screening in the emergency department

The emergency department is an opportune setting to address intimate partner violence for several reasons. First, because underserved populations are seen in the ED setting,^{5,6} screening in the emergency department means that a population that otherwise does not have access to health care resources can be reached. Second, ED patients often experience extended waiting times in which screening and intervention could take place. Third, security personnel are often present in emergency departments. Fourth, some women may prefer to disclose the abuse to a stranger—someone with whom they do not have an ongoing relationship—in the ED setting. Thus, emergency departments can be safe havens for women where they can find immediate physical safety, disclose the violence they have been experiencing, and receive appropriate assessment, intervention, and referral services.

To develop and implement policies to reduce intimate partner violence, emergency nurses typically join together

*Although this article refers to victims/survivors of intimate partner violence as women, this type of violence affects both genders, in heterosexual as well as gay, lesbian, and transgendered partner relationships.

with other clinicians, community advocates, researchers, funders, and government and criminal justice workers. Accrediting bodies and health care organizations have called for screening and intervention policies for intimate partner violence. The Joint Commission for the Accreditation of Healthcare Organizations requires that hospitals have a written policy regarding abused women.⁷ Healthy People 2000 (and 2010) initiatives include the objective, “[to] extend protocols for routinely identifying, treating, and properly referring suicide attempters, victims of sexual assault, and victims of spouse, elder and child abuse to at least 90% of hospital emergency departments.”⁸ Emergency nurses have addressed their role in assessing, offering support to, planning for the safety of, and offering options to women who have been abused.⁹⁻¹¹ ENA “recommends the development and use of routine protocols/procedures for assessment, identification, and referral for survivors of domestic violence.”¹² However, evidence shows that universal screening (ie, screening all patients) for intimate partner violence is not being implemented in practice. Most studies have found that fewer than 5% of women are being screened and that many abused women are not being identified during their help-seeking encounter.^{2,13-15} Nurses may be willing to implement screening for intimate partner violence when women present with injuries,¹⁶ and they do not report that they are opposed to universal screening policy,¹⁷⁻¹⁹ and yet they seem to be reluctant to implement it. In the case of universal screening, it is possible that nurses find it difficult to overcome the societal beliefs (such as “it’s not my business”) that allow intimate partner violence to continue, hidden from view.

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Reporting policies

Unlike universal screening, which as a policy is widely supported, if irregularly implemented, the issue of mandatory reporting policies is quite contentious.²⁰⁻²³ Mandatory

reporting involves requiring health care providers to make a report to a police agency when caring for a patient who has been acutely injured as a result of intimate partner violence. The policy is meant to hold perpetrators accountable for committing the criminal act of physically injuring (assaulting) an intimate partner. In Colorado, the policy was enacted with the hope that mandating health care workers to report injuries resulting from abuse would protect women from the retaliatory abuse they might receive if they themselves reported it. Advocates hoped that a mandatory reporting policy would make it clear—especially to perpetrators—that the woman was not involved in the decision to call the police and that intimate partner violence is a crime against the state. This stance is rejected by many other advocates as paternalistic and disempowering. They argue that women are in the best position to judge the effect that involving the police will have on their lives and the lives of their children.

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Most states require that health care providers make a report when they treat patients who have been shot, stabbed, or injured and who could have died from their injuries. Thirteen states have laws that specifically address intimate partner violence. The Family Violence Prevention Fund provides a listing and evaluation of mandatory reporting laws for all states on their Web site at <http://www.fvpf.org/statereport>. At a national conference on violence and reproductive health, 5 key principles were developed to guide policies relating to intimate partner violence. Use of these principles to consider the issue of mandatory reporting highlights the concerns for victims/survivors of intimate partner violence.^{24,25}

TABLE 1
Summary of research studying women's mandatory reporting policy preference

Authors	Methods	Sample	% Supporting mandatory reporting
Gielen et al, 2000 ²⁷	Telephone interviews of female members (21-55 y) of a large metropolitan HMO	202 Abused (past 7-8 y); 240 not abused	52* (Overall) 46* (Abused) 58* (Not abused)
Coulter and Chez, 1997 ²⁹	Interviews with women from a community outreach advocacy program in Florida	45 Abused	80
Glass et al, 2001 ³⁰	Interviews with female ED patients in Pennsylvania and California	2930 Nonabused; 36 acutely abused; 489 abused (past y)	92 (Not abused) 76 (Acutely abused) 82 (Abused past y)
Caralis and Musialowski, 1997 ²⁸	Interviews with female patients at ambulatory clinics at a Florida Veterans Affairs Medical Center	406 Women	79 (Overall)
Sachs et al, 2001 ²⁶	Telephone interviews in a random sample of women across 11 US cities	427 Abused; 418 not abused	72 (Weighted average) 59 (Abused) 73 (Not abused)

HMO, Health maintenance organization.

*Percentages represent weighted proportions (for education, income, race, and marital status).

PRINCIPLE 1: INCLUDE WOMEN'S PERSPECTIVES

What do women think about mandatory reporting of intimate partner violence by health care personnel? Several studies of women's policy preferences have been conducted in both population-based and ED-based samples.²⁶⁻³⁰ These studies show that most women prefer a policy of mandatory reporting but that abused women are consistently less likely to support it (Table 1).

PRINCIPLE 2: MAKE WOMEN'S SAFETY OF PARAMOUNT CONCERN

In the authors' experience, abused women take action to increase their safety and the safety of their children and family on a daily basis. In women's shelters, an often-repeated truism is that safety cannot be guaranteed. Even when an abuser is imprisoned, he may be unexpectedly released or have the power to continue the abuse from prison (either through letters and phone calls or through his family and friends).

To ensure that mandatory reporting is safe for women and children, a community response is necessary that includes assessment and sanctions for the perpetrator and accessible and culturally appropriate resources in the com-

munity for women and their children. To mandate reporting when no safe shelter is available for women and their children would be reckless.

The fact that it is now seen as a policy issue is a major step forward from the days (not so long ago) when intimate partner violence was seen as a regrettable but private family matter.

PRINCIPLE 3: TRANSLATE RESEARCH FINDINGS INTO EFFECTIVE INTERVENTIONS

Currently no real evidence either supports or refutes mandatory reporting policies. We do not know how it affects an abuser's behavior compared with voluntary reporting or no policy. We do not know how the policy affects women's safety, either immediately after the report or long-term. Indeed, as with many criminal policies, mandatory reporting may be effective in only certain groups. In addition, the effectiveness (and risks) of

mandatory reporting may differ based on whether a woman participates in the police investigation. Although some states have enacted mandatory reporting legislation, we still may not know whether it is effective because we will not know how many people adhere to the policy. Some staff may sense that it is not in the woman's best interests to report the abuse. One California study found that a mandatory reporting law had no effect on the proportion of intimate partner calls to the police from health care agencies.³¹ This finding was confirmed in another study that surveyed law enforcement agencies.³²

Whereas quantitative data show that a majority of abused women prefer a mandatory reporting policy, qualitative data (eg, interviews with abused women) inform us that the women worry about the possible unintended consequences.

PRINCIPLE 4: COMPLEMENT QUANTITATIVE DATA COLLECTION WITH QUALITATIVE METHODS

The majority of studies to date have used quantitative methods to investigate mandatory reporting preferences (Table 1). However, some qualitative work has been done.^{33,34} These qualitative studies help us to understand the important safety issues for women who are abused. For example, a focus group participant in one study said, "I think that reporting it [pause] that the police documenting it is really important and legitimizes that this shouldn't be happening and that it did. And that this is a crime. It's a crime to be abused. Who's ever being abused, it's not okay. Then the other part that's really important is that you can't act on [pause] the police can't go out [pause] the woman has to be ready to take the steps that are necessary for her to be safe. And if it's not at that point, it's going to put her into a lot more jeopardy."³⁴ Whereas quantitative data show that a majority of abused women prefer a mandatory reporting policy, qualitative data (eg, interviews with abused women) inform us that the women worry about the possible unintended consequences.

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PRINCIPLE 5: FORM COLLABORATIVE PARTNERSHIPS

When a report is made, emergency nurses must inform women about what they may expect from the police and the courts, as well as what community services are available. In addition, emergency nurses must partner with community service and advocacy groups, the criminal justice system, accrediting bodies, and legislatures to develop effective, safe reporting policies.

No single policy or set of policies can end the cycle of intimate partner violence. However, the fact that it is now seen as a policy issue is a major step forward from the days (not so long ago) when intimate partner violence was seen as a regrettable but private family matter.

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