

DOMESTIC VIOLENCE SCREENING IN THE PRIMARY CARE SETTING

Improving Self-Efficacy Among Clinical Staff

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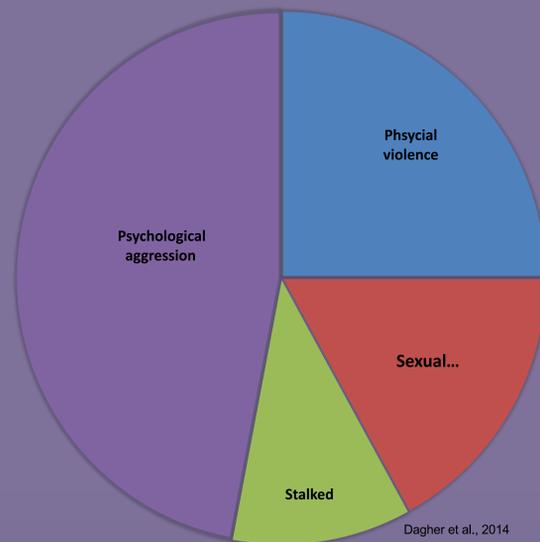
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Practice Problem

- Primary care clinical staff play a vital role in addressing domestic violence.
- Routine screening barriers such as time constraint, lack of protocols and policies, and screening procedures inhibit domestic violence screening in the primary care setting (Hamberger, Rhodes, & Brown, 2015).
- Society has contributed to the attitudes, myths, and stereotypes that have led to problems with screening for domestic violence.



Domestic Violence in the United States

HITS Screening Tool

How often does your partner?	Never	Rarely	Sometimes	Fairly Often	Frequently
Physically hurt you					
Insult or talk down to you					
Threaten you with harm					
Scream or curse at you					
	1	2	3	4	5
Total Score					

Each item is scored from 1-5. Range between 4-20. A score greater than 10 signify that you are at risk of domestic violence abuse and should seek counseling or help from a domestic violence resource.

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Project Evaluation

- Perceived self-efficacy, system support, blame victim, and professional role resistance/fear of offending the patient improved after education.
- Education and the administration of the HITS tool did improve self-efficacy.
- More education on victim and provider safety is needed.

Conclusions

- PCPs are less prepared for DV screening than emergency and gynecological clinical staff (Sundborg, Saleh-Statinn, Wandell, Tornkvist, 2012).
- Primary care offers an additional place for identifying and treating these patients to improve their health and overall outcome.
- Overcoming barriers improve the self-efficacy of clinical staff, which leads to an increase in DV screening.
- DV screening in the primary care setting supports the recommendations of USPSTF, HHS, and IOM.

Clinical Question

For clinical staff at Centra Medical Group – Amherst, does the implementation of the Hurts, Insults, Threaten, Scream (HITS) domestic violence screening tool, increase clinical staff's self-efficacy in recognizing victims of domestic violence compared to current practice in 10 weeks?

Project Description

- Week one – The clinical staff was administered the Domestic Violence Healthcare Provider Survey Scale (DVHCPSS) via survey monkey.
- Week one – Three-hour domestic violence training provided by a forensic nurse examiner, victim-witness advocate, and shelter advocate. HITS tool training provided by project leader (Garcia-Moreno et al., 2015).
- Week 2-9 - The clinical staff used the HITS tool to screen for domestic violence in women of childbearing age that included ages 18-49 years (Crawford, 2018).
- Weeks 2-9 - HITS tool administration; Education; Futures Without Violence Videos; Project leader rounding.
- Week 10 - The clinical staff was re-surveyed using the DVHCPSS. The pre and post DVHCPSS data were analyzed.

Nursing and Healthcare Implications

- System-level changes
- Tool Implementation
- Policy & Procedures
- Routine education
- Primary Prevention

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