Screening for intimate partner violence in health care settings is a contested arena

In relation to the article, Intimate Partner Violence: are Australian nurses and midwives trained to provide care. ANJ May 2013, we note with interest the discussion about intimate partner violence (IPV) nurse screening and the future research and what the authors, Fiolet, Sands and Nagle, propose on this important subject.

A recent trial by scholars at Mother & Child Health Research, Latrobe University has been undertaken with Maternal & Child Health nurses in Victoria, to strengthen their family violence practices with vulnerable clients in the community (Taft et al., 2012). Results (soon to be published) suggest that nurse use of clinical tools, team strategies and improved collaboration with family violence services can make a difference to disclosure, safety planning rates and client care. However, nurses still face significant barriers to implementation of routine screening and further work is required to assess the sustainability of clinician screening in the postnatal setting.

We believe that targeted screening of high risk groups of women such as those attending ante-natal, substance abuse or abortion clinics may be warranted due to the greater prevalence of IPV; however, there remains insufficient evidence to justify universal routine screening of all women in any setting. Case-finding of women with symptoms suggestive of abuse may be a better strategy. But, much more needs to be understood about what systems and strategies best support clinicians to sustain supportive screening and referral practices. In the end, we need sound evidence of what clinicians can do to make sure women and children benefit from screening, safety planning and referral.

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References available on request.