Acceptability of asking patients about violence in accident and emergency

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METHODS

Objectives: To assess the acceptability to patients attending accident and emergency (A&E) of routine questioning about violence. Methods: A questionnaire survey (15 questions; 5 point Likert scale) was distributed to a representative sample of all adult patients attending a district general hospital A&E department, Lancashire, England over a seven day period. Results: 303 questionnaires were distributed and 281 returned questionnaires were available for analysis. Some 67% (95%CI 60% to 74%) of patients agreed that people attending A&E should routinely be asked about whether they have been assaulted. Altogether 89% (95%CI 85% to 93%) thought that health care staff should encourage victims of abuse or violence to inform the police, while 74% (95%CI 68% to 80%) thought that health care staff should routinely inform the police. While only 45% (95%CI 36% to 54%) of patients thought that people who had been assaulted would be likely to tell if asked, 81% (95%CI 76% to 86%) thought that if they themselves were victims they would tell if asked directly.

Conclusions: Patients attending A&E departments support routine questioning by doctors and nurses about violence. They also support health professionals routinely informing the police in cases of violence. Further research is required into the outcomes of routine and direct questioning in A&E of patients about their exposure to violence.
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RESULTS
The respondents
During the one week study period a total of 581 adult patients attended A&E. Of these, 457 (79%) consecutive attenders in the four hourly time blocks were considered for entry to the study. Of these 457 patients, 154 (34%) were excluded from the study (31 required immediate medical attention, 36 had severe emotional distress or mental impairment, 32 declined or had previously completed questionnaire, two were non-English speakers and some 53 patients were classified as “other”; for example, unable to complete questionnaire because of hand injury).

Altogether 303 questionnaires were distributed and 284 completed questionnaires were returned (94% response rate). Questionnaires were incorrectly completed by three patients aged under 16 years, leaving 281 for analysis (157 men, 116 women, eight unspecified). Fifty eight per cent of respondents were attending A&E for the first time in 12 months.

Some 70% (303 of 432) of the predetermined number of questionnaires were distributed. The majority of the questionnaires that were not distributed were accounted for during two consecutive four hour blocks on the Sunday afternoon when the A&E department struggled to cope with a heavy workload.

The median age of respondents was 33 years (IQR 25 to 49 years) and ranged from 16 to 84 years. Women were significantly older than men (36.5 and 30.0 years, Mann-Whitney U test p=0.003).

Attitude towards being asked about violence
Altogether 189 respondents (67%; 95%CI 60% to 74%) agreed that people attending A&E should routinely be asked whether they have been assaulted. There were no significant differences between the attitudes of men and women. The proportion of respondents who agreed with routine questioning increased with age (52% of 16–24 year olds, 65% of 25–44 year olds, and 83% of those over 45 years of age).

In relation to who should routinely ask about violence, 187 (67%); 95%CI 60% to 74%) agreed that health care staff should encourage victims of abuse or violence to inform the police and 209 (74%; 95%CI 68% to 80%) thought that health care staff should routinely inform the police. The proportion of respondents agreeing to these statements increased with age (82% of 16–24 year olds, 89% of 25–44 year olds, and 100% of over 45s supported encouragement to inform the police; while 61%, 77%, and 80% respectively, supported routinely informing the police).

A&E and the police
Altogether 251 (89%; 95%CI 85% to 93%) respondents agreed that health care staff should encourage victims of abuse or violence to inform the police and 209 (74%; 95%CI 68% to 80%) thought that health care staff should routinely inform the police. The proportion of respondents agreeing to these statements increased with age (82% of 16–24 year olds, 89% of 25–44 year olds, and 100% of over 45s supported encouragement to inform the police; while 61%, 77%, and 80% respectively, supported routinely informing the police).

Violence and the health service
A total of 189 (67%; 95%CI 60% to 74%) patients agreed that the health services should help in tackling the problem of violence in society, although support was higher among women (81%) than men (61%) (difference 20%, 95%CI 9% to 31%). In reality however, 71% (95%CI 65% to 77%) felt that health care staff could do little to stop violence or abuse re-occurring.

Telling A&E staff
Only 127 (45%; 95%CI 36% to 54%) of respondents thought that people who had experienced violence would be likely to tell staff if directly asked. However, when asked what they would do themselves if they were the victims of violence or abuse, 179 (64%; 95%CI 57% to 71%) indicated that they would tell without waiting to be asked by health care staff, and 227 (81%; 95%CI 76% to 86%) agreed that they would tell if asked directly. The proportion who would tell without waiting to be asked increased with age (51% of 16–24 year olds, 62% of 25–44 year olds, and 80% of over 45 year olds). Similarly, the proportion of those who would tell if directly asked also increased with age (67%, 84%, and 91% respectively). There were no significant differences between the responses of men and women.

Only 75 (27%; 95%CI 17% to 37%) felt that they would not be able to trust health care staff enough to tell them. Some 79 (28%; 95%CI 18% to 38%) were worried that the police may get involved if violence was reported to casualty staff. A significantly greater proportion of women than men (37% versus 24%) were worried about police involvement (difference 13%, 95%CI 1% to 25%). Indeed 36 (13%; 95%CI 2% to 24%) patients indicated that they would be too afraid to tell health care staff. Women (21%) were significantly more likely than men (8%) to indicate fear as a reason for not telling A&E staff (difference 13%, 95%CI 4% to 22%).

DISCUSSION
This study found high levels of acceptability among patients actually attending A&E for routine questioning about violence, by either doctors or nurses. Older patients particularly, supported a more active role for health professionals. The high proportion of patients favouring routine questioning in this study is comparable with the only other previous study from the USA.

There is also strong support for A&E staff to encourage the victims of violence to inform the police. Indeed, a large majority of patients supported the idea of health professionals routinely informing the police of violent assault. Mandatory reporting of domestic violence, as in parts of the USA, raises difficult ethical and moral issues.

Staff may also have fears of provoking further violence by inappropriate questioning.

It is clear that many patients believe that the health service has a broader part to play in tackling violence in society, although there is recognition that preventing recurrent violence is more problematic. It was not possible in this study to perform a more in depth exploration of attitudes to working with the police, although the Data Protection Act provides challenges in sharing data from injury surveillance programmes.

The returned questionnaires were representative (by time of attendance) of all adult A&E attenders. The high response rate reflects the use of a brief questionnaire that took only a couple of minutes to complete, and the involvement of the triage nurses in the planning and execution of the study. We suspect that similar views are likely to be held by patients attending other A&E departments in the UK. It should be noted however that the population of this area has a relatively small ethnic minority population and this study has not been able to explore how ethnic background and culture may affect attitudes. It is also possible that attitudes to confidentiality may depend on local population relationships with the police. We intentionally did not focus our attention on patients presenting with physical injuries. Targeted screening of selected injury groups will miss significant numbers of the victims of violence and abuse.

We have demonstrated strong patient support for a more active approach towards identifying victims of violence in A&E. Further research into direct and routine questioning of patients attending A&E about their personal experience of
violence is merited; in particular it will be important to determine the attitudes of patients who are actually victims of violence. As violence in the community becomes increasingly recognised as a serious and important threat to health, health care professionals will need to consider how best to protect patients under their care from violence.

Contributors
AH and MC designed the study, analysed the data and prepared the manuscript. RF participated in planning and supervising the study and revising the manuscript. AH is the guarantor of the paper.

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REFERENCES