### Mothers' Comfort with Screening Questions

*To the Editor:* The recent article by Zink et al, "Mothers' Comfort with Screening Questions about Sensitive Issues, Including Domestic Violence,"[1] provides valuable clinical information regarding the difficulty of screening for domestic violence (DV) in mothers who present to the health care setting with their children. This represents the first study to quantify and qualify patients' comfort with general DV screening questions for mothers presenting alone and with their children. However, the results of this study do not adequately support routine DV screening of mothers with children present.

As the authors suggest, mothers should be screened for intimate partner violence alone whenever possible, but a clinician may employ general, less graphic, screening questions even when children are present. Not surprisingly, mothers reported more comfort answering sensitive screening questions while alone than while in the presence of their children. However, their comfort level remained reasonably high (81.2% for general DV questions) even for screening with children present. Therefore, if a clinician wishes to implement universal screening, then the general questions used in this study at least satisfy the need for appropriateness and comfort in the presence of minors.

However, because fewer than 10% of the 200 patients studied actually had their children with them at the time of screening, comfort ratings might have been overly optimistic. Reported comfort levels alone and with children might differ according to whether or not children actually were there at the time of screening. The comfort rating for screening with children might be reduced further if mothers had rated their comfort with the screening questions in a setting in which their children were present.

In addition, the general DV screening questions used in this study have not been validated as well as more direct screening questions.[2,3] These indirect, less intrusive questions might not be sensitive enough to detect DV. In fact, known victims in this study did not report significantly lower comfort ratings for screening in front of children. Evidently women who had not experienced DV were more uncomfortable with the screening process in the presence of their children than those who had been victims. This might be a case in which comfort does not translate into more reliable disclosure of DV after all.

In the absence of clear evidence to support universal screening,[4] perhaps we should not try to screen women in front of their children. Patient and public education including resource awareness can create opportunities for further exploration when women are able to return to their physicians alone. Clinicians who wish to screen even when children are present can utilize confidential written questionnaires with more direct and better validated questions. Positive responses can be answered by a discreet referral or an invitation to a return visit without family.

Latina mothers in this study reported significantly more discomfort with DV screening questions than Caucasians. More reliable and culturally sensitive ways in which to screen this population for DV should be explored. The authors also admit to sample and enrollment biases. I suggest repeating this study in a live clinical setting.

This study offers helpful insight into the dynamics of screening DV in patients who present to care with children. However, screening with general questions might be inadequate and unnecessary in this context. It might be more productive to educate all our patients about this important issue and to employ the best validated screening instruments in select physician-patient encounters.

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### Response to Dr. S. Lindsey Clarke

*To the Editor:* We appreciate the comments regarding our article and agree with the authors that not asking the sensitive questions in front of the children in our study was not ideal.[1] Research in the area of violence is difficult due to the nature of the topic and our Institutional Review Board did not allow us to have the children present for the interview. Despite this limitation, the study showed that mothers' comfort with the general domestic violence questions was no different from their comfort with alcohol and substance abuse questions and had more comfort than with questions about depression and sexual risk. This should give providers some reassurance about asking about domestic violence.

As the authors suggested, the sensitivity and specificity with the general questions is less than more direct questions.[2] However, the general questions may be useful to begin a conversation. Recent work by McMillan et

al demonstrates that women prefer either computer or written screens,[3] which confirms the authors recommendation to use written questionnaires.

Although screening the mother alone is ideal, it may not be possible. Sometimes it is difficult and impractical to separate the mother from her children.[1] Due to the prevalence of domestic violence and when red flag symptoms are present in either the mother or child, then it is probably better to ask than to not ask. Mothers tell us that they want to be asked even if they do not disclose domestic violence.[4] The US Preventive Services Task Force Report approaches screening for domestic violence as a test to identify a disease before symptoms are evident, like mammography screening for breast cancer.[5] In reality domestic violence often presents with red flag symptoms such as injuries, depression, chronic pain in the victim; or behavioral problems, depression, chronic complaints in the children who witness the abuse.[6–8] As Lachs points out, the "screen" for domestic violence will never be like colonoscopy is for colon cancer. Providers have a woefully inadequate track record for identifying and addressing this important health issue.[9,10] We encourage not setting limits about how and when to screen as long as it is done with confidentiality and safety in mind.

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### Will This Exercise Be Good Enough?

*To the Editor:* Since Papanicolaou showed that exfoliated cervical cells could be successfully used for identification of pathology of uterine cervix, speculum examination and obtaining a smear became a part and parcel of routine gynecological care.[1] Millions of females undergo this procedure due to better health care facilities, organizational commitment, screening programs, and patient awareness.[2]

The use of water-soluble gel as a lubricant was thought to affect the smear quality by altering the uptake of dye during staining. Evaluation of the quality of the smears so obtained was made by Gilson et al.[3] This evaluation had its strengths and weaknesses. The striking positive feature was the involvement of each subject as her own control, when initial smear was performed on all subjects without gel and the second smear was performed with gel in half the patients and without gel in the other half. The procedure therefore allowed better assessment of discomfort level both within the groups as well as between groups while making sure that the patients would not require a second visit in case the gel obscured the cervical cytology. The major drawback of the exercise was the use of fewer patients compared with previous studies.[4] Although the smaller sample size was shown to be sufficient enough by post hoc power analysis, this could affect the generalizability of the results to a larger population. The lack of uniformity within the study population was evident in the fact that it was primarily composed of premenopausal females who could produce biased results when inquiring the discomfort level. This could lead to type 11 error and jeopardize the correctness of the conclusions.[5]

The fact that the patients were kept blinded for the use of lubricant is questionable. It is practically difficult to conceal the use of a 2.7-g pack of lubricant gel from a female study subject! Further clarification is appreciated on the time and place of application of gel. However, the results obtained from this study may well divert our thinking pattern on the use of water-based lubricant during speculum examination for Papanicolaou smears.

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