Study: Partner Violence Screening Not Effective

BY MARY ANN MOON

Screening all women at primary care visits for intimate partner violence does not appear to be beneficial, according to one study.

Such screening did not appear to cause any harm, but neither did it prompt affected women to access services or otherwise deter intimate partner violence (IPV), said Dr. Harriet L. MacMillan of McMaster University, Hamilton, Ont., and her associates.

Some medical organizations, including the American Medical Association and the American College of Obstetricians and Gynecologists, recommend such screening of all women, "despite the lack of evidence that it is effective." Others—including the U.S. Preventive Services Task Force and the Canadian Task Force on Preventive Health Care—say that there isn't sufficient evidence either for or against such screening.

Dr. MacMillan and her colleagues conducted a study to assess whether IPV screening reduced subsequent violence or improved womens' quality of life. They randomly assigned 6,743 women to be screened or not screened at primary care visits, then followed them for 18 months to determine whether intimate violence decreased (JAMA 2009;302:493-501).

The study subjects were aged 18-64 years and were recruited when they attended 12 primary care sites, 11 emergency departments, and 3 ob.gyn. clinics in Ontario in 2005-2006. They completed the Woman Abuse Screening Tool, an eight-item self-report instrument that measures physical, sexual, and emotional abuse in the preceding year, before consulting the clinician.

Any discussion of positive findings on the screen and referral for further treatment was left to the discretion of the treating clinician. Overall, 44% of the women who were screened for IPV reported discussing violence with the clinician, compared with 8% of those who were not screened.

The women also were assessed for depressive symptoms, posttraumatic stress disorder, alcohol abuse/dependency, and global mental and physical well-being. All were given an information card listing available resources for women exposed to violence.

A subset of 347 screened women and 360 unscreened were included in the data analysis for this study. The proportion of these subjects who were lost to follow-up was high: 43% of those who were screened for IPV and 41% of those who were not screened.

No significant differences were foundbetween the two groups in IPV recurrence, and only a weak, nonsignificant benefit in depression and quality of life scores with screening, Dr. MacMillan and her colleagues said.,

"If there were an effective intervention to which women could have been referred once identified as exposed to IPV, it is possible that the results of this trial would have been more positive," Dr. MacMillan and her associates noted.

Some experts have raised concerns about possible harmful effects of routine IPV screening, "including reprisal violence, psychological distress, family disruption, and risk of a child being removed from a mother's care following child protective services involvement," the investigators added. Their study showed no evidence of a harmful effect on either abused or nonabused women.

In an accompanying editorial, Kathryn E. Moracco, Ph.D., of the University of North Carolina, Chapel Hill, and Dr. Thomas B. Cole, contributing editor of the JAMA, noted that universal screening for IPV must be distinguished from specifically assessing abuse in women who are at increased risk. In the latter case, screening "may not only detect violence but may also lead to more accurate diagnosis and treatment of co-occurring health problems," they said (JAMA 2009;302:568-9). "The results of the study by MacMillan et al. should dispel any illusions that universal screening with passive referrals to community services is an adequate response to violence in intimate relationships," they wrote

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