

August 17, 2009, Vol. 15, Issue 12

HEALTH SCREENING STUDY MISLEADING, EXPERTS SAY

The Family Violence Prevention Fund (FVPF) has cautioned against reading the findings of a study published in the August 4th edition of the *Journal of the American Medical Association* as a definitive rejection of screening for intimate partner violence in health care settings.

Calling the study's negative conclusions about screening "unjustified" and noting problems with its design and implementation, experts at the FVPF warned that failure to continue and enhance programs that screen patients for domestic violence will cost lives. The FVPF runs the National Health Resource Center on Domestic Violence, funded by the U.S. Department of Health & Human Services.

Methodological Problems

The new study, by researchers at McMaster University in Ontario, Canada, set out to examine the effectiveness of screening for intimate partner violence in preventing repeat violence and improving quality of life.

However, the intervention and control groups were both asked about abuse using the same self-administered written survey. If a woman in the "screened" group reported intimate partner violence (IPV), the information was given to her clinician before her visit. Whether the clinician used – or ignored – that information was not monitored in a uniform manner.

In fact, according to women who were questioned immediately after their visits, fewer than half the "screened" women said their clinician discussed violence with them.

Thus, the study only measured the difference when positive results were communicated to clinicians vs. when clinicians were not given this information, FVPF leaders noted.

Nonetheless, all the abused women in the study who completed the assessment and received an information card showed some improvement in repeat violence and quality of life, and none reported harms from screening.

"To say that this study does not support screening is misleading at best, since both groups were screened identically and offered the same information card with referrals," said FVPF President Esta Soler. "We need to continue screening, and to train health care providers so they know how to help if a patient discloses domestic violence and how to connect abused patients to skilled service providers who can provide support. This study did not examine the impact of that kind of intervention at all. Furthermore, it is most disturbing that authors downplayed some of their own important findings that actually support screening."

The study found statistically significant improvements in psychological quality of life and depression for patients whose providers were told that they reported domestic violence and it found no harms associated with screening. Unfortunately, a large proportion (more than 40

percent) of the women were lost to follow-up and when this was taken into account in post hoc testing, the differences in quality of life and depression disappeared.

“At a time when, on average, three women are murdered each day by their husbands or boyfriends, and the Centers for Disease Control and Prevention reports that women in the United States experience two million injuries from domestic violence each year, we should be using every tool at our disposal to identify and help victims of domestic violence,” added FVPF Director of Health Lisa James.

“It is critical to understand that both groups in this study were screened, both groups were offered referral cards, and researchers failed to study or report on whether and how clinicians talked to the victims of violence about abuse, its impact on health and how to get help,” James added. “It is especially disappointing that this study emphasized the negative and ignored some positive findings, in order to conclude there is not sufficient evidence to support screening and assessment in health care settings.”

An editorial in the same issue of the *Journal of the American Medical Association* concludes: “Specific interventions to prevent the recurrence of abuse for women at risk of violence should be implemented and rigorously tested” without further delay so we can truly understand the impact of health interventions in the lives of women.

“If we are to save the lives of victims of domestic violence, the commentary above is right. We need funding so we can further evaluate the interventions clinicians use following screening. It would be a costly mistake to abandon this kind of intervention,” Soler said.