



Title How Far Does Screening Women for Domestic (Partner) Violence in Different Health-Care Settings Meet Criteria for a Screening Program? Systematic Reviews of Nine UK National Screening Committee Criteria

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Aim

To identify, appraise, and synthesize research relevant to selected UK National Screening Committee (NSC) criteria for a screening program relating to partner violence; and to judge whether the evidence is sufficient to fulfill selected NSC criteria for implementation of screening (in healthcare settings) for partner violence.

Conclusions and results

Research questions: Seven review questions are linked to key NSC criteria. Question I: What is the prevalence of partner violence against women and its health consequences? (NSC criterion 1), Question II: Are screening tools valid and reliable? (NSC criteria 5 & 6), Question III: Is screening for partner violence acceptable to women? (NSC criterion 7), Question IV: Are interventions effective once partner violence is disclosed in a healthcare setting? (NSC criteria 10 & 15), Question V: Can mortality or morbidity be reduced following screening? (NSC criterion 13), Question VI: Is a partner violence screening program acceptable to health professionals and the public? (NSC criterion 14), Question VII: Is screening for partner violence cost effective? (NSC criterion 16).

The evidence is insufficient to implement a screening program for partner violence against women, either in health services generally or in specific clinical settings. Question I: The prevalence in the UK of partner violence against women and the magnitude of health sequelae varies with study design and population. Even the lower estimates for prevalence, morbidity, and mortality show it to be a major public health problem and potentially an appropriate condition for screening and intervention. Question II: Several short screening tools are relatively valid and reliable for use in healthcare settings. The HITS has the best predictive power, concurrent and construct validity and reliability, with a suitable cut-off score.

Recommendations

See Executive Summary link at www.ncchta.org/project/1501.asp.

Methods

See Executive Summary link at www.ncchta.org/project/1501.asp.

Further research/reviews required

1) Trials of system-level interventions to improve the response of health services to survivors of partner violence. These may incorporate routine or selective enquiry and, potentially, could compare differences in outcomes between the two policies. 2) Trials of psychological and advocacy interventions after disclosure of partner violence in healthcare settings measuring quality of life, mental health, and further abuse. 3) Trials to test theoretically explicit interventions to help understand what works (or does not work) for whom, when, and in what contexts. 4) Qualitative studies to explore what women want from interventions after disclosure of partner violence. 5) Longitudinal studies to measure the long-term prognosis for survivors of partner violence after identification in healthcare settings.