

Screening is 'not effective' in the fight against domestic violence

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One in three women around the world have experienced physical or sexual violence from a partner. Although domestic violence is associated with a range of adverse health impacts, even after the abuse has ended, it is not easily identified by health care professionals, prompting some countries, notably the United States, to introduce screening programmes in healthcare settings. A new study, published online by the *BMJ* today, has found no evidence to support domestic violence screening.

Researchers from the Universities of Bristol and Melbourne, La Trobe and Columbia Universities and Queen Mary University in London reviewed all trials globally that assessed the effectiveness of intimate partner violence screening in primary care, antenatal care and emergency medicine departments.

They looked at 11 studies, involving 13,027 women in high-income countries. Although screening increased identification of cases by 133 per cent, the proportion of women identified was small – ranging from three per cent to 17 per cent. There was no evidence that screening increased referrals to [domestic violence](#) support services, nor reduced violence or improved quality of life and other outcomes for domestic violence survivors.

Screening involved a range of methods to identify whether women patients had experience of [domestic abuse](#), including face-to-face questions and computer surveys carried out during routine or emergency appointments.

Professor Gene Feder, from the University of Bristol's School of Social and Community Medicine, said: "Domestic violence is a crime and breach of human rights with major public health and clinical impact. Screening women in healthcare settings is national policy in some countries.

"By looking at research trials carried out around the world, we found no evidence that screening improves access to specialist domestic violence support or leads to a reduction of violence. This is an example of research that tells us what not to do. Yes, doctors and nurses need to ask women patients about abuse, but not all [women](#) patients. We need to shift the research focus towards developing effective care for survivors of domestic violence after they have disclosed, however they are identified."

The findings support the NICE domestic violence guidelines and the World Health Organisation's (WHO) [intimate partner violence](#) guidelines, which do not recommend domestic violence [screening](#). They do recommend training of clinicians and development of care pathways to specialist domestic violence services, currently suffering funding cuts.

More information: 'Screening women for intimate partner violence in healthcare settings: abridged Cochrane systematic review and meta-analysis' by Lorna J O'Doherty, Angela Taft, Kelsey Hegarty, Jean Ramsay, Leslie L Davidson and Gene Feder in the *BMJ*.

Provided by University of Bristol

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