Preventive care in the emergency department: screening for domestic violence in the emergency department
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CRD summary
This review examined the effectiveness of screening for domestic violence (DV) in the emergency department. The authors concluded that, owing to the paucity of research, there is insufficient evidence for or against DV screening. Although the review may be subject to a number of potential biases, the authors' conclusions appear balanced in light of the evidence presented.

Authors' objectives
To assess the effectiveness of screening for domestic violence (DV) in the emergency department (ED), in terms of the prevention of morbidity and mortality caused by such violence.

Searching
MEDLINE (from 1980 to January 2003), the Cochrane Library and Emergency Medical Abstracts were searched for studies reported in English; the search terms were reported. In addition, the bibliographies of identified studies were checked.

Study selection
Study designs of evaluations included in the review
No inclusion criteria were stated in relation to the study designs. The review included randomised controlled trials (RCTs), case-control studies, pre-test post-test studies, surveys, diagnostic accuracy studies and chart reviews.

Specific interventions included in the review
Studies that involved the ED screening of patients were eligible for inclusion. Within the review, the incidence of acute abuse was defined as a recent episode of abuse occurring within the previous month. The specific interventions assessed were: the system-change training model; the education and implementation of a DV protocol; the Index of Spouse Abuse screening tool; Partner Violence Screen; an ED-based advocacy programme; the introduction of a pre-formatted chart and health care provider education; ED triage and DV screen; and a nursing protocol.

Reference standard test against which the new test was compared
The review did not include any diagnostic accuracy studies that compared the performance of the index test with a reference standard of diagnosis.

Participants included in the review
Studies of adults and adolescents were eligible for inclusion.

Outcomes assessed in the review
Studies that assessed the incidence or prevalence of DV, or the improved burden of suffering for victims of DV, were eligible for inclusion. The primary outcome assessed was decreased morbidity and mortality caused by DV. The secondary outcome measures were the health status of DV victims, the incidence of subsequent violence, and use of resources (i.e. shelters, counselling). Studies that established the baseline prevalence of DV were also included.

How were decisions on the relevance of primary studies made?
Two reviewers independently assessed studies for inclusion.

Assessment of study quality
The validity of the primary studies was assessed using a quality rating scale, based on the type of study design (see Other Publications of Related Interest). Two reviewers assessed the quality of the included studies.

Data extraction
The authors did not state how the data were extracted for the review, or how many reviewers performed the data extraction. Data were extracted on study design and sample size, participant demographics, intervention, outcomes measured, methods of screening, the type of abuse (physical, psychological, or sexual), and the incidence and prevalence of abuse.

**Methods of synthesis**

How were the studies combined?
The studies were combined in a narrative discussion.

How were differences between studies investigated?
Differences between the studies were discussed in relation to the different interventions and different study designs.

**Results of the review**

In total, 20 studies with more than 70,354 health care professionals and patients were included: one RCT (n not reported; 12 hospitals), 5 pre-test post-test studies (n=5,476), one case-control study (n=8,051), 3 diagnostic screening studies (n=47,365), 9 surveys (n=8,979), and one chart review (n=483).

The incidence of acute physical abuse resulting from DV ranged from 1 to 7.2% among all female adult and adolescent ED patients. Across the studies, the 1-year prevalence of DV ranged from 14.4 to 30% and the lifetime prevalence from 15 to 54%.

No studies evaluated the effectiveness of ED-based screening of patients for DV in decreasing morbidity or mortality, or in improving health status, decreasing the incidence of violence, or increasing resource utilisation.

The results of one case-control study (n=8,051) showed that the introduction of a DV protocol and health care professional education did not result in improved documentation of DV patients in comparison with no intervention. However, it did result in a significant increase in interventions for the patients. The results of one pre-test post-test study (n=324) showed that an educational programme for health care professionals resulted in increases in the identification of DV victims following recent physical assault, and increased the documentation of DV on medical records. One screening accuracy test (n=114) found that an observational screen at triage had a sensitivity of 50% and a specificity of 95% when compared with a verbal screen conducted by ED nurses at the bedside. However, only 19% of eligible patients underwent the screening. A further pre-test post-test study (n=222) found that victims of DV who had received an ED-based advocacy programme on resource utilisation, were more likely to have used a shelter and accessed counselling services at approximately the 1-year follow-up than those who had not received the intervention. However, there were no differences between the two groups in repeat police calls, full protection orders, or repeat ED visits for DV.

**Authors’ conclusions**
The authors concluded that, because of the paucity of outcome research evaluating ED screening and interventions, there was insufficient evidence for or against DV screening in the ED.

**CRD commentary**
The review question was reasonably defined in terms of the interventions, participants and outcome measures. Several sources were searched for relevant studies, but no attempts were made to locate unpublished material or include studies that were not published in English. Some relevant studies might, therefore, have been missed. Efforts were made to minimise reviewer errors and bias in the study inclusion and quality assessment processes. However, it was not reported how data were abstracted for the review, so it is not known whether any errors and bias could have been introduced into this process.

The use of a narrative synthesis was appropriate given the diversity of the interventions assessed and the different study designs included in the review. However, the authors only fully discussed the results of four of the included studies. Some details of the studies were tabulated, but it was unclear whether the results of the studies that were not further discussed were consistent with those on which the ‘Results’ section focused. Overall, although the review may be subject to a number of potential biases, the authors’ conclusions appear balanced in light of the evidence presented.
Implications of the review for practice and research

Practice: The authors stated that, because of the high burden of suffering caused by DV, health care providers should strongly consider routinely inquiring about DV as part of the history, as a minimum for all female adolescent and adult patients.

Research: The authors stated that research is needed to develop and validate screening tools for use in the ED. Research should also evaluate screening protocols to determine the benefit of universal screening, compared with the screening of subgroups of patient populations, based on clinical presentation or gender. Outcomes research is needed to study the long-term efficacy of a variety of acute crisis interventions, as well as long-term interventions. The efficacy of hospital and ED-based interventions should be studied in comparison with community-based interventions. Outcomes that are assessed should be clearly defined, and interventions should be evaluated in relation to their effectiveness in specific racial or ethnic groups, as well as among adults and adolescents, and female and male victims of DV.

Bibliographic details


PubMedID
14525748

Other publications of related interest


Indexing Status

Subject indexing assigned by NLM

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Record Status

This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.