Intimate partner violence screening tools: a systematic review

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CRD summary
This review set out to summarise the available data on the content and performance of screening tools for intimate partner violence. It concluded that no tool had well-established psychometric properties, data were sparse, and sensitivities and specificities varied widely within and between screening tools. Despite the potential for the omission of some studies, these conclusions are likely to be reliable.

Authors' objectives
To summarise the intimate partner violence screening tools tested in healthcare settings, and provide a discussion of reported psychometric data and an assessment of study quality.

Searching
MEDLINE, CINAHL and PsycINFO were searched from inception to December 2007. Search terms were reported. Bibliographies of included studies and related review articles were screened for additional studies. A senior investigator in the field, who was also one of the review authors, was consulted. Only studies published in English were included.

Study selection
All primary research studies that evaluated an intimate partner violence questionnaire in a healthcare setting were eligible for inclusion. Included studies had to determine the psychometric properties of intimate partner violence screening questions. Intimate partner violence screening questions could be part of a larger screening questionnaire provided that separate data were available for the psychometric properties of the intimate partner violence questions. Intimate partner violence was defined as physical, sexual, or emotional abuse or battering (including fear and coercive control) between intimate partners.

Studies of elder abuse or child abuse, intimate partner violence perpetration, assessments of different delivery methods (e.g. verbal versus written), and prevalence or severity, were excluded.

Study characteristics were reported in a separate online appendix.

Studies were assessed for inclusion by two reviewers, and disagreements were resolved by discussion with a third reviewer.

Assessment of study quality
The methodological quality of included studies was assessed using a 14 point scale developed for this review. The criteria assessed included: use of an appropriate reference standard (Conflict Tactics Scale (CTS), Index of Spousal Abuse (ISA), Composite Abuse Scale (CAS), or Abuse Behavior Inventory (ABI)) performed regardless of screening test results; spectrum of intimate partner violence risk for participants; sample size; external validity/generalisability (including number of study sites and provision of demographic data); description of consenting versus non consenting patients; and appropriate description and conduct of statistical analyses. Studies which scored 13 to 14 points were considered excellent, 10 to 12 good, 7 to 9 fair, and 6 or less poor.

Methodological quality was assessed by two reviewers, and disagreements were resolved by discussion with a third reviewer.

Data extraction
Data were extracted on the details of intimate partner violence screening tools assessed, their sensitivities and specificities (where reported) and any additional psychometric testing undertaken.

The authors did not state how data were extracted for the review, or how many reviewers performed the data extraction.
Methods of synthesis
Studies were combined in a narrative synthesis and tables.

Results of the review
A total of 33 articles, evaluating 21 intimate partner violence screening tools, were included in the review. The number of studies reporting data on sensitivity and specificity, as well as the total number of study participants, was unclear. The most studied intimate partner violence screening tools were the Hurt, Insult, Threaten, and Scream (HITS) (five studies), the Woman Abuse Screening Tool/Woman Abuse Screening Tool-Short Form (WAST/WAST-SF) (six studies), the Partner Violence Screen (PVS) tool (six studies) and the Abuse Assessment Screen (AAS) (four studies). Of the 21 intimate partner violence screening tools assessed, 16 addressed physical violence, 15 assessed threats or fear, 11 asked about emotional abuse, and seven included items about sexual abuse. The time period about which screening tools inquired ranged from 'current' to 'ever'. The mean number of items in a screening tool was 4.2 (range one to 11).

The majority of studies were classified as fair or good quality; two were rated excellent and two poor.

The reported HITS sensitivity ranged from 30 to 100% and specificity from 86 to 99%. The reported WAST sensitivity was 47% and the specificity was 96%. The reported PVS sensitivity ranged from 35 to 71% and the specificity ranged from 80 to 94%. The reported AAS sensitivity ranged from 93 to 94% and the specificity ranged from 55 to 99%.

Two studies assessed intimate partner violence screening tools in male populations. One study found acceptable sensitivity (88%) and specificity (97%) for HITS in men recruited from an ambulatory care clinic, an HIV clinic, and an emergency department; the other found significantly lower sensitivities for HITS (30 to 46%) and the PVS (35 to 46%) in predominantly African-American men.

Authors’ conclusions
No single intimate partner violence screening tool had well-established psychometric properties. Even the most frequently evaluated tools were assessed in only a small number of studies. Sensitivities and specificities varied widely within and between screening tools.

CRD commentary
This review set out to provide a broad summary of the available data on the content and performance of intimate partner violence screening tools. Appropriate inclusion criteria were defined and a number of sources were searched for relevant studies. However, the restriction of included studies to articles published in English, left open the possibility of both language and publication bias. The review process included measures to minimise error/bias.

The methodological quality of included studies was assessed and details reported in a separate online appendix. Given the nature of the review and the available data, a narrative synthesis was appropriate.

Overall, despite the potential for omission of some relevant studies, the authors’ conclusions are an accurate reflection of the data presented and are likely to be reliable.

Implications of the review for practice and research
Practice: The authors did not state any implications for practice.

Research: The authors stated that further testing and validation of intimate partner violence screening tools, in diverse populations, using a universally accepted comparison measure, is needed.

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