Authors' objectives
To assess the evidence for the acceptability and effectiveness of screening women for domestic violence in health care settings.

Searching
MEDLINE, EMBASE and CINAHL were searched from their inception to February 2001. The full search strategy for MEDLINE is reported in the Web-based version of the review. Personal bibliographies and references from reviews were also searched, and other researchers were contacted. Only English language articles were considered for the review.

Study selection
Study designs of evaluations included in the review
Studies that addressed attitudes to screening had to be quantitative cross-sectional surveys. Studies of the efficacy of screening and studies of the efficacy of interventions to assist women experiencing domestic violence had to be some form of comparative study. The studies included in the review were time series (patients act as their own historical controls), cluster randomised controlled trials (RCTs), or before-and-after studies.

Specific interventions included in the review
Studies related to the screening of women for domestic violence were eligible for inclusion. Studies could address attitudes to screening, the efficacy of screening and the efficacy of interventions to assist women experiencing domestic violence.

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
The inclusion criteria for the participants varied according to the section of the review they addressed. Studies that addressed attitudes to screening had to include women in general, or health professionals. Studies of the efficacy of screening had to include women presenting for care. Studies of the efficacy of interventions to assist women experiencing domestic violence had to include women identified as experiencing domestic violence.

Outcomes assessed in the review
The outcomes assessed varied according to the section of the review they addressed. Studies that addressed attitudes to screening had to have that as an outcome. Studies of the efficacy of screening had to have identification of domestic violence as an outcome. Studies of the efficacy of interventions to assist women experiencing domestic violence had to assess the following: either the incidence rates of domestic violence, quality of life score or similar, the use of safety behaviours, use of health and community resources, rates of domestic violence referrals or information given.

How were decisions on the relevance of primary studies made?
One reviewer applied the inclusion criteria to the retrieved abstracts. Two reviewers then reassessed all abstracts that had not been excluded at the first stage. The full papers of all studies that appeared to meet the inclusion criteria were then appraised by at least two reviewers. If necessary, a third reviewer was consulted before a final decision on the inclusion of studies in the review was made.

Assessment of study quality
The quality of the primary studies was not formally assessed, but the authors state that the quality and design of the
studies was taken into account when considering their results.

Data extraction
Two reviewers independently extracted the data from each paper, with any discrepancies being resolved by discussion. For each study, data were extracted on the characteristics, design and results. Within the Web-based version of the review these details are presented in tabular format, by section of review.

Methods of synthesis
How were the studies combined?
The studies were combined in a narrative analysis.

How were differences between studies investigated?
The narrative analysis addressed each of the three review questions separately. Within each section of the review, differences between the studies are described and the significance of these discussed.

Results of the review
Overall, 20 papers reporting 17 studies met the inclusion criteria for the review.

Attitudes to screening were investigated in 5 studies: 3 investigated the attitudes of women, one investigated the attitudes of health professionals and one investigated both. All the studies were conducted in the USA. The results on the attitude to screening were mixed, reflecting the diversity of the studies in terms of population (abused or non-abused women, primary care physicians or emergency department nurses) and the questions asked.

Identifying the rate of domestic violence was investigated in 9 studies: 6 in the USA and one each from Australia, Canada and New Zealand. Screening was generally found to increase (by at least a doubling of the baseline rate) the rate of identification of domestic violence in all studies; the exception was the one study with a strange design (a cluster randomised trial). There was no evidence for long-term maintenance of this improvement.

Effectiveness of interventions for women suffering domestic violence was investigated in 6 studies: 5 from the USA and one from New Zealand; none were RCTs. Two studies reported the rate of domestic violence as an outcome and one of these detected a rate reduction associated with counselling and advocacy support. Four of the 5 studies that investigated referral to other agencies found that intervention led to increased referral. Two studies that reported use of other services as an outcome gave differing results.

Authors’ conclusions
The implementation of screening programmes in health care settings cannot be justified. Evidence of the benefit of specific interventions to assist those identified as suffering from domestic violence is needed, as is evidence that the screening itself does not cause harm.

CRD commentary
This was a very broad review that attempted to address the main questions required of a screening programme. The inclusion and exclusion criteria were well defined. The literature search was broad and, given the culture-specific nature of the problem and potential interventions, the restriction to English language papers was justifiable. The fact that almost all of the studies reviewed were from the USA probably limits the generalisability of the findings of the review. The details of the studies were presented in full in the review. The diversity of the studies limited the overall analysis that could be performed, and the analysis reported was very brief. Overall, the authors’ conclusions are supported by the findings. They correctly emphasise in their discussion that the lack of justification for screening is based on the paucity of evidence for effective interventions to assist women once identified.
Implications of the review for practice and research
Practice: The authors state 'it would be premature to introduce a screening programme for domestic violence'.

Research: The authors state 'research funders should give priority to randomised controlled trials of interventions in healthcare settings to test their effectiveness and safety for women and their families'.

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Bibliographic details

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Original Paper URL
http://bmj.bmjournals.com/cgi/content/full/325/7359/314

Other publications of related interest
These additional published commentaries may also be of interest. Screening for domestic violence [letters]. BMJ 2002;325:1417-20.

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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.