Breaking the barriers: the promise of computer-assisted screening for intimate partner violence
Renker PR

CRD summary
The authors concluded that limited evidence provided initial support for the development and testing of computer screening and intervention strategies for intimate partner violence. Given that the evidence was mostly descriptive, the conclusions were suitably cautious, but the limited search and lack of reporting of the review methods and some results, mean that the conclusions should be treated with caution.

Authors' objectives
To evaluate the effects of using computer-assisted self-interview (CASI) to screen for intimate partner violence (IPV).

Searching
MEDLINE and CINAHL were searched using reported search terms. There were no restrictions on date of the study. Unpublished studies, dissertations, and manuscripts were excluded.

Study selection
Studies set in the USA or Canada that evaluated screening for IPV, using CASI, were eligible for inclusion. They screened women as survivors or analysed women separately. Studies assessed the prevalence of IPV, acceptance rates for IPV screening by women or health care providers, or use of resources by women after screening. Those of women as perpetrators were excluded.

The included studies differed with respect to the definitions of IPV; some measured only physical IPV, while others measured physical, sexual, and emotional IPV. They also differed in the tools used to measure IPV; in most studies, researchers had developed their own computer screening programme. Control screening interventions were either written or interview. Participants varied in their income status (most were low income), level of education (most had at least some college education), ethnicity (most were white or African American), and age (ranged from 8 to 87 years). Several studies were conducted in prenatal clinics, while others were set in emergency departments, family practices or communities.

The authors did not state how papers were selected for the review, or how many reviewers performed the selection.

Assessment of study quality
The authors did not state that they assessed validity.

Data extraction
The authors did not state how data were extracted for the review, or how many reviewers performed the data extraction.

Methods of synthesis
The studies were grouped by outcome (IPV prevalence, acceptability of screening, and referrals) and combined in a narrative synthesis.

Results of the review
Nine studies were included (n=5,922 women). These included one randomised controlled trial (RCT, n=871), one cluster RCT (n=2,461), one quasi-experimental study (n=1,013) and six descriptive studies (n=1,577).

IPV prevalence: This ranged from 1% to 19%. Physical IPV prevalence rates ranged from 16% to 19% with CASI and from under 1% to 11.2% with written or interview screening (two studies). Physical, sexual and emotional IPV prevalence rates ranged from 10.1% to 17.6% with CASI (three studies) and from 1% to 14.6% with control (four studies). In all but one study, the prevalence with CASI was higher than with the alternative formats.
Most studies were not conducted anonymously, but the authors reported that this did not appear to influence IPV prevalence rates identified using CASI. One of two studies in women experiencing IPV associated anonymity with higher honesty.

**Acceptability of screening methods:** Seven studies reported favourable comments about the acceptability of CASI screening. Two of three studies in women experiencing IPV reported greater benefits and acceptability of CASI.

**Referrals:** Computer prompts increased the likelihood of providers discussing IPV with women (three studies), but the percentage who did discuss IPV with patients was low (8% and 10% with CASI compared with less than 1% with usual screening, two studies). Women were more likely to initiate discussion about IPV after taking part in CASI screening (one study).

**Authors' conclusions**
CASI screening increased the identification of IPV. Limited evidence provided initial support for the development and testing of computer screening and intervention strategies for IPV.

**CRD commentary**
The review question was clearly stated. Inclusion criteria were defined for the intervention, control, and outcomes. Criteria for study design and participants were broad. Two relevant databases were searched, but no attempts were made to minimise publication bias. It was not clear if any language restrictions were applied. Methods used to select studies and extract data were not described and so it is not known whether efforts were made to reduce reviewer errors and bias.

In view of the diversity among studies, a narrative synthesis was appropriate, but more emphasis could have been given to the results from the studies with higher quality designs (the RCTs). The lack of any presentation of formal statistical comparison in individual studies made it difficult to determine the strength of the evidence.

Given that the evidence comprised mostly descriptive studies, the conclusions were suitably cautious, but the limited search and lack of reporting of the review methods and some results, mean that the conclusions should be treated with caution.

**Implications of the review for practice and research**

**Practice:** The authors did not state any implications for practice.

**Research:** The authors stated that research is required to compare stand-alone CASI IPV screening with its incorporation in multifocal health surveys and to evaluate the effects of IPV screening on client outcomes.

**Funding**
Not stated.

**Bibliographic details**

**PubMedID**
18984505

**DOI**
10.1016/j.jmwh.2008.07.017

**Original Paper URL**
Indexing Status
Subject indexing assigned by NLM

MeSH
Diagnosis, Computer-Assisted /methods; Female; Humans; Interviews as Topic /methods; Medical History Taking /methods; Mental Health; Spouse Abuse /diagnosis; Surveys and Questionnaires

AccessionNumber
12009101244

Date bibliographic record published
31/03/2009

Date abstract record published
13/01/2010

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.