Computer-based screening program for partner violence does not significantly improve quality of life

August 14 2012

In a study that included more than 2,700 women receiving care in primary care clinics, those who were screened for partner violence and received a partner violence resource list did not experience significant differences for several outcomes, including overall quality of life, general health, and recurrence of partner violence, compared to women who just received a partner violence resource list, according to a study in the August 15 issue of *JAMA*, a theme issue on violence and human rights.

"Recognition of partner violence as a health and public health problem has led numerous professional and health care organizations, as well as the Institute of Medicine, to recommend screening (i.e., testing asymptomatic patients to identify those requiring special intervention) or assessment of women for partner violence in primary care settings. However, the United States Preventive Services Task Force, the Canadian Task Force, and the United Kingdom's Health Technology Assessment Program have concluded there is insufficient evidence to support this recommendation," according to background information in the article.

Joanne Klevens, M.D., Ph.D., of the Centers for Disease Control and Prevention, Atlanta, and colleagues from Chicago area hospitals conducted a study to evaluate the effect of computer-based partner violence screening and distribution of local partner violence resource

lists to women seeking care in outpatient clinical settings. The study was a 3-group randomized controlled trial at 10 primary health care centers in Cook County, Illinois. Participants were enrolled from May 2009 - April 2010, and included 2,364 women who were re-contacted 1 year after enrollment. The women were predominantly non-Latina African American (55 percent) or Latina (37 percent), had a high school education or less (57 percent), and were uninsured (57 percent).

The participants were randomized into 3 intervention groups: (1) partner violence screen (using the Partner Violence Screen instrument) plus a list of local partner violence resources if screening was positive (n = 909); (2) partner violence resource list only without screen (n = 893); and (3) no-screen, no-partner violence list control group (n = 898). For the Partner Violence Screen instrument, trained research assistants approached potential participants in each clinic's waiting room to determine their interest and eligibility. Participants completed an audio-computer-assisted self-interview, which consisted of several questions regarding partner violence, in private rooms or kiosks equipped with touch-screen computers and headphones. Women who screened positive (affirmative response to 1 or more questions) were shown a brief video on the computer screen in which a partner violence advocate provided support and information about the hospital-based partner violence advocacy program and encouraged the viewer to seek help. Women who screened negative received the list of general resources only.

The primary outcomes measured for the study were quality of life (QOL, physical and mental health components, measured on the 12-item Short Form [scale range 0-100, average score of 50 for U.S. population]). Days lost from work or household activities, use of health care and partner violence services, and the recurrence of partner violence were secondary outcomes.

The researchers found that at 1-year follow-up, average scores on the

QOL components and subscales ranged from 44 to 52 among all women with no statistically significant differences by study group status for any of the components or subscales. There were also no differences between groups in days unable to work or complete housework; number of hospitalizations, emergency department, or ambulatory care visits; or proportion who contacted a partner violence agency.

At follow-up, 9.9 percent of women (235/2,362) reported experiencing partner violence in the year before enrolling in the study and in the previous year (recurrence), with no statistically significant difference between study groups.

"In conclusion, the results of this study suggest providing a partner violence resource list with or without computerized screening of female adult patients in primary care settings does not result in significant benefits in terms of general health outcomes. These findings provide important information for clinicians and others to consider in light of recent professional recommendations calling for routine screening," the authors write.

In an accompanying editorial, C. Nadine Wathen, Ph.D., of Western University, London, Ontario, and Harriet L. MacMillan, M.D., M.Sc., F.R.C.P.C., of McMaster University, Hamilton, Ontario, write that this and another large-scale trial have shown that universal screening does not improve women's health or life quality or reduce re-exposure to partner violence.

"It is time to enact an approach in which individual women are assessed according to their presenting histories, which include symptoms and risks. With exposure to partner violence being understood in the context of its health-relevant consequences, clinical teams may more effectively be able to address these issues. Although there may be emerging evidence regarding specific counseling and advocacy programs in

reducing partner violence and improving health outcomes for women, replication in larger and more diverse samples using rigorous methods is required. Another important goal of research and policy, along with evaluation of primary prevention interventions, is to develop coordinated care models that will allow seamless referral and transition of women from the clinic to appropriate community-based services."

More information:

JAMA. 2012;308[7]:681-689.
JAMA. 2012;308[7]:712-713.

Provided by JAMA and Archives Journals

Citation: Computer-based screening program for partner violence does not significantly improve quality of life (2012, August 14) retrieved 24 April 2024 from https://medicalxpress.com/news/2012-08-computer-based-screening-partner-violence-significantly.html

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.