Routine screening and counselling for partner violence in health-care settings does not improve women's quality of life

April 15 2013

New research published Online First in *The Lancet* confirms that routine intimate partner violence screening and counselling in primary-care settings does not improve women's quality of life, but does help reduce depressive symptoms.

"IPV and its health consequences should be prevented and addressed in health services. The time has come to conclude that routine identification of abused women and provision of a standard intervention is not the answer", writes Professor Rachel Jewkes from the Medical Research Council in South Africa in a linked Comment. "This is the third study to report outcomes from a high-income country, coming after a study done in the USA and one done in Canada. These large trials differed in their design, but their conclusions have resoundingly agreed that activities to identify asymptomatic abused women and offer different types of intervention do not improve women's health."

Despite numerous policy recommendations for health-care screening and WHO endorsement of primary-care settings for early intervention in IPV, there is a lack of evidence that such screening and subsequent intervention is effective in helping women exposed to violence.

This Australian study looked at the effectiveness of IPV screening and brief counselling by trained family doctors compared with standard care in improving women's quality of life, safety planning and behaviour, and

mental health.

Dr Kelsey Hegarty from The University of Melbourne and colleagues randomly assigned 52 family doctors and 272 women who disclosed past-year fear of a partner in a postal lifestyle survey to either intervention (up to six counselling sessions from family doctors trained in relationship and emotional issues), or control (a list of local IPV resources).

No difference in quality of life (WHO Quality of Life-BREF), safety planning and behaviour, or mental health (Short Form-12 Health Survey) was recorded between the groups at 12 months, but women who were offered counselling were about a fifth less likely to report depressive symptoms (Hospital Anxiety and Depression Scale). Trained doctors were also more likely to have safety discussions with women in the intervention group.

According to Hegarty, "Our findings…do not lend support to the use of postal screening in the identification of those patients. However, we suggest that family doctors should be trained to ask about the safety of women and children, and to provide supportive counselling for women experiencing abuse, because our findings suggest that, although we detected no improvement in quality of life, counselling can reduce depressive symptoms…More research is urgently needed into how to increase identification of women who experience IPV and into what interventions would help women achieve safer, healthier lives".

Jewkes adds, "More substantive psycho-behavioural interventions might be of value in other contexts, for example when offered in antenatal services, where they have been shown to reduce IPV recurrence and improve maternal and infant outcomes. This work needs to be developed and tested in other settings…Future work could also take into account men's role in IPV. There has been little consideration of screening for

IPV perpetration by men and offering men interventions to improve their relationship skills and stop their use of violence."

More information: www.thelancet.com/journals/lan … (13)60052-5/abstract

Provided by Lancet