

Intervention to screen women for partner violence does not improve health outcomes

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Screening women for partner violence and providing a resource list did not influence the number of hospitalizations, emergency department, or outpatient care visits compared with women only receiving a resource list or receiving no intervention over 3 years, according to a study in the August 4 issue of *JAMA*, a violence/human rights theme issue.

The U.S. Preventive Services Task Force recommends women of reproductive age be screened for partner violence. However, others, such as the World Health Organization conclude there is insufficient evidence for this recommendation. Joanne Klevens, M.D., Ph.D., of the U.S. Centers for Disease Control and Prevention, Atlanta, and colleagues had conducted a [randomized clinical trial](#) that allocated women seeking care in outpatient clinics to 1 of 3 study groups: computerized partner violence screening and provision of a local resource list, universal provision of a partner violence resource list without screening, or a no screen/no resource list control group. No differences were found in women's quality of life, days lost from work or housework, use of health care and partner violence services, or the recurrence of partner violence after 1 year.

In this report, the authors examined women's use of health services over 3 years. Participants' electronic medical records were searched for outpatient care visits, [emergency department](#) visits, and hospitalizations. Of 2,708 women randomized, 8 were unenrolled, leaving 2,700 women with [electronic medical records](#); 15 percent reported partner violence in the year before enrollment. The average age was 39 years; 55 percent of

participants were black and 37 percent Latina.

For the full sample, adjusted estimates showed no statistically significant differences between study groups in the average number of hospitalizations (0.2), emergency department visits (0.7), or [outpatient care](#) visits (12.2) in the 3 years following enrollment. No differences in these outcomes were found among the subgroup of women who reported experiencing partner violence in the year before enrollment.

"Our data do not support providing a [partner violence](#) resource list with or without computerized screening of women in urban health care settings to improve health outcomes," the authors write.

"The consistency of the results at 1 year and 3 years contributes to greater confidence in the findings. These null findings are consistent with other trials in primary care settings. Research should focus on more intensive interventions among [women](#) already identified as abused."

More information: *JAMA*, [DOI: 10.1001/jama.2015.6755](https://doi.org/10.1001/jama.2015.6755)

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