



Effective Health Care Screening and Referral for Intimate Partner Violence Nomination Summary Document

Results of Topic Selection Process & Next Steps

- Screening and referral for intimate partner violence was found to be addressed by an in-process AHRQ review titled *Screening for Family and Intimate Partner Violence* being conducted to facilitate the update of the 2004 United States Preventive Services Task Force (USPSTF) recommendations. Given that the in-process review covers this nomination, no further activity will be undertaken on this topic.
- To sign up for notification when this and other USPSTF topics are posted, please go to <http://www.ahrq.gov/clinic/prevenix.htm>.

Topic Description

Nominator: Individual

Nomination Summary: The nominator would like an evidence review to determine if screening and referral for intimate partner violence is effective and safe for women of reproductive age. The nominator expresses concern that although screening is considered the standard of care, there is wide variation in practice due to misgivings about its effects.

Staff-Generated PICO:

Population(s): Women of reproductive age seeking care for a pregnancy-related condition or seeking infant care

Intervention(s): Screening and referral for intimate partner violence

Comparator(s): No screening or referral

Outcome(s): Reduced infant and maternal pregnancy-associated mortality, reduction in premature birth, risks of screening, increased risk of harm by abuser/batterer from encouragement to leave unhealthy relationship

Key Questions from Nominator:

1. For victims of intimate partner violence (including controlling behaviors), are infant and maternal outcomes better with screening and referral for services during and after pregnancy or is it better not to ask?

Considerations

- This topic was found to be addressed by an in-process AHRQ review titled *Screening for Family and Intimate Partner Violence*, which will be used to facilitate the update of the 2004 USPSTF

recommendations. Studies of pregnant women will be included in the review and analyzed separately. Key questions from this update include:

1. Does screening asymptomatic women, children, and elderly and vulnerable adults for family and intimate partner violence in a variety of health care settings (e.g., primary care clinic, emergency department, student health center) reduce: (a) violence or abuse; and (b) physical or mental harms?
2. How effective are screening techniques in identifying asymptomatic individuals with current or past violence and abuse or at high risk for violence and abuse? Techniques include self-administered (e.g., computerized-enabled tool or patient self-report) as well as person-to-person (e.g., clinician to patient) methods.
3. What are the adverse effects of screening for family and intimate partner violence?
4. For asymptomatic persons identified through screening, how well do interventions for family and intimate partner violence reduce (a) violence or abuse; and (b) physical or mental harms?
5. What are the adverse effects of interventions to reduce harm from violence and abuse?