



## Effective Health Care Intimate Partner Violence Nomination Summary Document

### Results of Topic Selection Process & Next Steps

- The topic, *Intimate Partner Violence* was found to be addressed by an 2012 AHRQ systematic review that focused on the effectiveness of intimate partner violence (IPV) screenings and interventions for women in health care settings (including women who are pregnant) and elders and vulnerable persons. Given that the existing systematic review covers this nomination, no further activity will be undertaken on this topic.
- Nelson HD, Bougatsos C, Blazina I. Screening Women for Intimate Partner Violence and Elderly and Vulnerable Adults for Abuse: Systematic Review to Update the 2004 U.S. Preventive Services Task Force Recommendation. Evidence Synthesis No. 92. AHRQ Publication No. 12-05167-EF-1. Rockville, MD: Agency for Healthcare Research and Quality; May 2012. Available at: <http://www.uspreventiveservicestaskforce.org/uspstf12/ipvelder/ipvelderart.htm>

### Topic Description

**Nominator(s):** Organization

**Nomination Summary:** The nominator is interested in the comparative effectiveness of assessment tools to predict (e.g., Domestic Violence Screening Instrument, Spousal Assault Risk Assessment) and interventions (e.g., counseling, education) to reduce lethality associated with intimate partner violence. The populations of interest are males and females (adolescents and older), as well as pregnant females.

**Staff-Generated PICO:**

**Population(s):** Adolescents and adults at risk for or experiencing intimate partner violence (IPV) or at risk for intimate partner homicide (IPH)

**Intervention(s):** Risk assessments/screening instruments for IPV or IPH (delivered to survivors and/or batterers); interventions designed to reduce IPV or IPH that are provided in various settings (e.g., community, justice system, outpatient and inpatient health care settings), and to different sub-populations (e.g., pregnant women, adolescent males and females, middle-aged males and females, elderly males and females, survivors, batterers)

**Comparator(s):** All other treatment options

**Outcome(s):** Increases in positive short- and long-term outcomes for adolescents and adults at risk for, or experiencing, IPV or IPH, including maintaining a healthy pregnancy and relieving mental health burdens; decreases in risk of IPV or IPH; decreases in the mis-categorization of risk; and decreases in labeling/stigma for survivors

**Key Questions** 1. What is the comparative effectiveness of available assessment tools to predict

**from Nominator:**

- IPV?
2. What is the comparative effectiveness of available interventions to reduce lethality associated with IPV?
  3. What is the comparative effectiveness of interventions with individuals of varying demographics (e.g., age, gender)?
  4. What are the harms and benefits associated with assessment tools and treatments?

## Considerations

- The topic meets EHC Program appropriateness and importance criteria. (For more information, see <http://effectivehealthcare.ahrq.gov/index.cfm/submit-a-suggestion-for-research/how-are-research-topics-chosen/>.)
- IPV is a serious public health problem that affects more than one in three women and more than one in four men in the US.
- The topic was found to be addressed by a 2012 AHRQ systematic review titled, *Screening Women for Intimate Partner Violence and Elderly and Vulnerable Adults for Abuse: Systematic Review to Update the 2004 US Preventive Services Task Force Recommendation*. Key questions from this report include:

Key questions for IPV were:

1. Does screening asymptomatic women in health care settings for current, past, or increased risk for IPV reduce exposure to IPV, physical or mental harms, or mortality?
2. How effective are screening techniques in identifying asymptomatic women with current, past, or increased risk for IPV?
3. What are the adverse effects of screening for IPV?
4. For women identified through screening with current, past, or increased risk for IPV, how well do interventions reduce exposure to IPV, physical or mental harms, or mortality?
5. What are the adverse effects of interventions to reduce harm from IPV?

Key Questions for elder and vulnerable adult abuse and neglect were:

1. Does screening asymptomatic elderly and vulnerable adults in health care settings for current, past, or increased risk for abuse and neglect reduce exposure to abuse and neglect, physical or mental harms, or mortality?
2. How effective are screening techniques in identifying asymptomatic elderly and vulnerable adults with current, past, or increased risk for abuse and neglect?
3. What are the adverse effects of screening for abuse and neglect of elderly and vulnerable adults?
4. For screen-detected elderly and vulnerable adults with current, past, or increased risk for abuse and neglect, how well do interventions reduce exposure to abuse and neglect, physical or mental harms, or mortality?
5. What are the adverse effects of interventions to reduce harm from abuse and neglect?