Self-report, medical staff interview, and physician interview had similar effectiveness for screening for domestic violence in women

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QUESTION
What is the relative effectiveness of self-report, medical staff interview, and physician interview for screening for domestic violence (DV) in women?

METHODS
Design: randomised controlled trial.
Allocation: {concealed}.
Blinding: {unblinded}.
Follow-up period: end of healthcare visit.
Setting: 4 family practices (in the US).
Patients: 523 women 18 years of age (mean age 36 y, 71% black) who were currently living with a partner.
Intervention: self-report (n = 175), medical staff (included nurses and medical assistants) interview (n = 169), or physician interview (n = 181) for administering 2 questionnaires to screen for DV: Woman Abuse Screening Tool (WAST)-Short and Hurt-Insult-Threaten-Scream (HITS). WAST-Short had 2 questions (“In general, how would you describe your relationship? A lot, some, or no tension?” and “Do you and your partner work out arguments with: great, some, or no difficulty?”); criteria for DV were met if women answered “a lot of tension or great difficulty.” HITS had 4 questions: “How often does your partner physically hurt you?” “How often does your partner insult you?” “How often does your partner threaten you with harm?” and “How often does your partner scream or curse at you?”; patients could answer “never,” “rarely,” “sometimes,” “fairly often,” or “frequently.” A score range of 4–20 could be computed for all possible answers, and a cut-off of 10.5 indicated exposure to DV. Patients with positive screening results received an intervention by physicians. Comfort level with screening was assessed in a post-screening questionnaire (scores of 1 = not at all comfortable to 4 = very comfortable).

Outcomes: included DV disclosure and patient comfort with screening. The study had >80% power to detect disclosure rates of 6%, 16%, and 9% for self-report, staff interview, and physician interview, respectively, and a 0.3 difference in comfort scores.

Patient follow-up: 100%.

MAIN RESULTS
Self-report, staff interview, and physician interview did not differ for rates of DV disclosure (table) or comfort with screening method (mean score 3.4 vs 3.5 vs 3.4, respectively; p = 0.66).

CONCLUSION
Self-report, medical staff interview, and physician interview resulted in similar rates of domestic violence disclosure in women.

*Information provided by author.

ABSTRACTED FROM

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Source of funding: American Academy of Family Physicians Foundation.

Clinical impact ratings: Family/General practice 6/7; Women’s health 6/7

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Questionnaire</th>
<th>Self</th>
<th>Staff</th>
<th>Physician</th>
<th>RBI (95% CI)</th>
<th>NNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disclosure of DV</td>
<td>WAST-Short</td>
<td>13%</td>
<td>12%</td>
<td>–</td>
<td>12% (35 to 96)</td>
<td>NS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>13%</td>
<td>–</td>
<td>12%</td>
<td>9.4% (36 to 88)</td>
<td>NS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6.4%</td>
<td>5.9%</td>
<td>–</td>
<td>7.5% (52 to 141)</td>
<td>NS</td>
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<td></td>
<td>RBR (CI)</td>
<td>NNH</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6.4%</td>
<td>–</td>
<td>6.7%</td>
<td>4.1% (107 to 56)</td>
<td>NS</td>
</tr>
</tbody>
</table>

*NS = not significant; other abbreviations defined in glossary. RBI, RBR, NNT, NNH, and CI calculated from data in article.