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Accuracy of 3 Brief Screening Questions for Detecting Partner Violence in the Emergency Department

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Objective.—To devise a brief screening instrument to detect partner violence and to partially validate this screen against established instruments.

Design.—Prospective survey.

Setting.—Two urban, hospital-based emergency departments.

Participants.—Of 491 women presenting during 48 randomly selected 4-hour time blocks, 322 (76% of eligible patients) participated. Respondents had a median age of 36 years; 19% were black, 45% white, and 30% Hispanic, while 6% were of other racial or ethnic groups; 54% were insured.

Interventions.—We developed a partner violence screen (PVS), consisting of 3 questions about past physical violence and perceived personal safety. We administered the PVS and 2 standardized measures of partner violence, the Index of Spouse Abuse (ISA) and the Conflict Tactics Scale (CTS).

Main Outcome Measures.—Sensitivity, specificity, and predictive values of the PVS were compared with the ISA and the CTS as criterion standards.

Results.—The prevalence rate of partner violence using the PVS was 29.5% (95% confidence interval [CI], 24.6%-34.8%). For the ISA and CTS, the prevalence rates were 24.3% (95% CI, 19.2%-30.1%) and 27.4% (95% CI, 21.7%-33.6%), respectively. Compared with the ISA, the sensitivity of the PVS in detecting partner abuse was 64.5%; the specificity was 80.3%. When compared with the CTS, sensitivity of the PVS was 71.4%; the specificity was 84.4%. Positive predictive values ranged from 51.3% to 63.4%, and negative predictive values ranged from 87.6% to 88.7%. Overall, 13.7% of visits were the result of acute episodes of partner violence.

Conclusion.—Three brief directed questions can detect a large number of women who have a history of partner violence.

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PARTNER VIOLENCE is an important health risk for many women. High rates of violent assault have been detected in emergency departments,[1-5] prenatal clinics, and general medical practices.[8,9] Estimates of partner violence in the general population vary, depending on the source of the data. According to 1 recent national household survey, over 1 million women and nearly 150 000 men are victims of partner violence each year.[10] Population-based studies suggest that 8% to 12% of women experience some form of partner violence in any given year.[11] One characteristic of partner violence is that the threats, intimidation, control, and physical battering escalate over time.[12] All too often, unrelenting battering of women leads to homicide: 17% of the nation's homicides occur within the family, and more than half of all women murdered in the United States are killed by a current or former partner.[13,14]

Despite the significant rates of morbidity and mortality associated with partner violence, the common assertion is that physicians detect only a small percentage of cases.[2-5,9,15] As a result, routine screening of all women presenting to physician offices, emergency departments, and prenatal clinics has been recommended. The Council on Ethical and Judicial Affairs of the American Medical Association stated that "due to the prevalence and medical consequences of domestic violence, physicians should routinely inquire about abuse as part of the medical history."[16]

See also pp 1362, 1369, and 1400.

The American College of Emergency Physicians advised that "hospitals develop multidisciplinary policies and protocols for ED [emergency department] identification, treatment, and referral of domestic violence patients" and that "the special nature of and the necessary resources for partner violence screening evaluations and examination should be recognized."[17] The American Academy of Family Physicians challenged its members to decrease "family violence in America by [learning] to screen, recognize, and treat for domestic abuse."[18] One of the Public Health Service's objectives for the year 2000 is to "extend [to at least 90% of hospital emergency departments] protocols for routinely identifying and properly referring . . . victims of sexual assault and spouse abuse."[19]

What is missing in these policies, protocols, and admonitions is the means to quickly and accurately identify women who are victims of partner violence. Brief screening questionnaires and protocols have been proposed,[20-26] but only 1 has been validated, partially, against an established "gold standard."[6] Given the current time constraints imposed on physicians and the lack of accurate, proven screening tools for partner violence, it is not surprising that physicians seldom detect partner violence in their patients.[3,4,5,7,15]

The objectives of this study were to devise a brief screening instrument for use in the emergency department or other urgent care settings and to validate this screen against established instruments designed to detect partner violence. We

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