

Screening for Family and Intimate Partner Violence: Systematic Evidence Review Number 28

U. S. Department of Health and Human Services, Agency for Healthcare Research and Quality



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Screening for Family and Intimate Partner Violence: Systematic Evidence Review Number 28 U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality Approximately 1 million abused children are identified in the U.S. each year. The 1996 Federal Child Abuse Prevention and Treatment Act (CAPTA) describes the term "child abuse and neglect" at a minimum, to be "any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm." Definitions also include any action that hinders a child's development potential. The relationship of increasing numbers of risk factors to officially recorded and self-reported abuse and neglect outcomes was illustrated in a 17-year longitudinal analysis of data. As the number of risk factors increased, the proportion of children maltreated also increased for neglect and physical, sexual, and all types of abuse outcomes. Estimates of the prevalence of intimate partner violence in the U.S. indicate that 1-4 million women are physically, sexually, or emotionally abused by their intimate partners each year, with 31% of all women reporting being abused at some point in their lifetimes. Although violence by women against men also occurs, women are 7-14 times more likely to suffer severe physical injury from an assault by an intimate partner, resulting in at least 1.4 million emergency department visits each year. Estimates from the National Elder Abuse Incidence Study (NEAIS) state that approximately 551,000 older adults in domestic settings were abused and/or neglected during 1996. A random sample survey of a community population indicated a prevalence rate of 32 per 1000 for physical violence, verbal aggression, and neglect. Complicating these estimates, however, is the difficulty in defining and quantifying elder abuse. Abuse of the elderly takes many forms including physical, sexual, financial exploitation, neglect, and psychological. Many health problems are associated with abuse and neglect at all ages. These include not only repercussions of acute trauma, including death and unwanted pregnancy, but also long-term physical and mental problems such as depression, post-traumatic stress disorder, somatization, suicide, substance abuse, and others. In addition, children who witness intimate partner violence are at risk for developmental delay, school failure, and a variety of psychiatric disorders, including depression and oppositional defiant disorder, and violence against others. The clinician's role in identification and intervention is considered a professional responsibility by physician and nursing organizations, and is also defined in legal terms. Reporting child and elder abuse to protective services is mandatory in most states, and 4 states (California, Colorado, Rhode Island, and Kentucky) have laws requiring mandatory reporting of intimate partner violence. Statutes mandating reporting vary. For child maltreatment, 19 states require that any person who suspects child abuse or neglect must report, while the majority of the states limit mandatory reporting to professionals working with children. Hospitals are also required to address abuse in order to comply with mandates from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Key questions were identified as areas with unresolved issues pertinent to clinical practice. These key questions include: 1: Does screening for family and intimate partner violence reduce harm and premature death and disability? 2: How well does screening identify current harm or risk for harm from family and intimate partner violence? 3: What are the adverse effects of screening? 4: How well do interventions reduce harm from family and intimate partner violence? 5: What are the adverse effects of interventions?

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