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| **Author, Year** | **Study Design** | **N** | **Population** | **Setting** | **Duration** | **Screening Assessment** | |
| MacMillan et al, 200987 | Cluster randomized, controlled trial comparing screening and communication of positive results to clinicians vs. no screening | 8293 eligible; 6743 randomized to be screened or not; 707 had + screen results and participated in screened (347) and unscreened (360) conditions | English-speaking women aged 18 to 64 years who had a male partner at some time in the preceding 12 months | 12 primary care, 11 acute care and 3 specialty care sites in Ontario, Canada | Interviews at baseline and at 6, 12, and 18 months post-baseline | Women in the screened group self-completed the Women Abuse Screening Tool (WAST); if screened as positive, this information was given to the clinician. Instruments administered at baseline, 6, 12, and 18 months: Composite Abuse Scale (CAS); World Health Organization Quality of Life (WHOQOL-BREF) instrument, psychological scale; Center for Epidemiologic Studies Depression scale; Startle, Physiological Arousal, Anger and Numbness (SPAN) instrument; TWEAK screening tool; 12-item Short-form Health Survey, Version 2; Consequences of Screening Tool (COST); and a modified version of the Health and Social Service Utilization questionnaire. Those in the nonscreened group completed the WAST and CAS after their clinical encounter, and then all subsequent measures as in the screened group. | |
| **Recruitment** | **Inclusion Criteria** | **Intervention** | | **Results** | | **Quality Rating** |
| Women who presented at the study site for a health care visit between July 2005 and December 2006 were approached by a study recruiter to determine eligibility. | Female, aged 18 to 64 years, had a male partner at some time in the past 12 months, presented on their own for a health care visit, were able to separate themselves from those accompanying them, lived within 120 km of the site, able to speak and read English, not too ill to participate, and able to provide consent. | Women in the screened group who screened positive were seen by treating clinicians trained in responding to IPV. These clinicians were informed of the positive status prior to seeing the women and any discussion of positive findings and any further referrals or treatment were left to the discretion of the clinician according to his or her usual practice. | | At 18 months (n=411), observed recurrence of IPV among screened vs. nonscreened women was 46% vs. 53% (modeled odds ratio, 0.82 [95% CI, 0.32-2.12]). Screened vs. nonscreened women had about a 0.2-SD greater improvement in quality of life scores (modeled score difference at 18 months, 3.74 [95% CI, 0.47-7.00]). When multiple imputation was used to account for sample loss, differences between groups were reduced and quality of life differences were no longer significant. Screened women reported no harms of screening. | | Fair  High loss to followup: 43% (148/347) in screened and 41% (148/360) in nonscreened women. |