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Gender Blindness and IPV Screening

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ABSTRACT: The United States Preventative Services Task Force recently released a draft recommendation that clinicians screen women for intimate partner violence (IPV), such as domestic violence. The recommendation report is blind to male victims of IPV, even though the 2010 CDC national survey demonstrated that more men than women are victims of IP physical violence. It ignores studies demonstrating the positive predictive value of IPV screening of men. Its evidence review found only three studies rated higher than “fair.” One was for screening for childhood sexual abuse. The authors of the other two later concluded that there was insufficient evidence to support IPV screening. The evidence review and draft report ignored studies and a significant meta-analysis that conflicted with its recommendation. Ignoring IPV against men harms women, since female-initiated IPV is one of the most important predictors of subsequent female injury.

The United States Preventative Services Task Force (USPSTF) recently released a draft recommendation that clinicians screen women of childbearing age for intimate partner violence (IPV), such as domestic violence, and provide or refer women who screen positive to intervention services. (USPSTF, 2012) Earlier, it had concluded that insufficient evidence exists to recommend for or against screening, based on limitations of existing screening approaches and validation studies, insufficient evidence regarding effectiveness of services to which women can be referred, lack of evidence that IPV screening improves the likelihood of positive health outcomes, and a lack of studies evaluating the potential harm associated with IPV screening. (USPSTF, 2004)

The draft recommendation on intimate partner violence screening by the USPSTF reflects not “gender neutrality” but what I have called “gender blindness,” an inability or unwillingness to see men as victims of intimate partner violence. (Hoff, 2012b) Its opening sentence cites the National Violence Against Women Survey (NVAWS) for the proposition that each year 1.3 million women are victims of IPV. NVAWS, in fact, states: “About 1.3 million women **and 835,000 men** are physically assaulted by an intimate partner annually in the United States (exhibit 9).” (Tjaden and Thoennes, 2000, p. 26. Emphasis added) More recently, the CDC’s 2010 National Intimate Partner and Sexual Violence Survey (NISVS) found that within the last 12 months more men than women were victims of intimate partner physical

violence and over 40% of the victims of serious physical violence were male. (Black *et al.*, 2011, Tables 4.1 and 4.2, Hoff, 2012a) It also found that males are more often the victim of intimate partner psychological aggression and control over sexual/reproductive health (a broader term than “pregnancy coercion”), two other components of IPV.

This gender blindness is reflected in many statements in the draft recommendation report, which are similar to the summary statement: “The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen women of childbearing age for intimate partner violence (IPV), such as domestic violence, and provide or refer women who screen positive to intervention services. ... The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening all elderly or vulnerable adults (physically or mentally dysfunctional) for abuse and neglect.” These statements are completely blind to male victims of IPV.

Yet there are several studies establishing the feasibility of IPV screening for males. Below are three empirical studies that demonstrate the feasibility of screening for IPV among males in clinical settings. The sensitivity, specificity, and positive predictive value of these studies compare favorably to other DV screening studies:

Author	Screening Tool	Percent Males in Study	Sensitivity	Specificity	Positive Predictive Value
Weiss SJ <i>et al</i> , 2003	Ongoing Violence Assessment Tool (OVAT)	38%	93%	86%	75%
Ernst AA <i>et al</i> , 2004	OVAT	31%	86%	83%	56%
Shakil A <i>et al</i> , 2005	Hurt-Insult-Threaten-Scream (HITS)	100%	88%	97%	88%

Weiss *et al.* concluded that the Ongoing Violence Assessment Tool (OVAT) “had a retrospective accuracy that was much better than that of either of the other screens.” Ernst *et al.* concluded “four brief questions can detect ongoing IPV to aid in identifying the victim.” Shakil *et al.* concluded: “HITS differentiated between male victimized respondents from non-victims in clinical settings.”

The evidence review behind the USPSTF report (Nelson *et al.*, 2012) does not seem to reflect the confidence of the draft recommendation. In Table 1, only three studies were rated better than “fair.” Thombs *et al*, 2007 screened for childhood sexual abuse victimization, not IPV. The other two studies are the first two studies in a series of three studies by the McMaster Violence Against Women Research Group of Ontario, Canada. The first McMaster study (MacMillan, 2006) involved 2,602 women from two emergency departments, two family practices and two women’s health clinics. The other two McMaster studies involved women interviewed in 2005 and 2006 from 11 emergency departments, 12 family practices, and 3 obstetrics/gynecology clinics. The USPSTF report examined the second study (Walthen, 2008)(N=5607), which supported the USPSTF recommendation, but ignored the third (MacMillan *et al*,

JAMA 2009(N=6743), which reached the opposite conclusion: “the results of this trial do not provide sufficient evidence to support IPV screening in health care settings.”

The evidence review leading to the draft recommendation ignores not only the final finding from the McMaster Research Group, but also a thorough 2009 review of IPV screening by Rabin and her colleagues (Rabin et al., 2009), which concluded: “No single IPV screening tool had well-established psychometric properties. Even the most common tools were evaluated in only a small number of studies. Sensitivities and specificities varied widely within and between screening tools. Further testing and validation are critically needed.” Further, it did not consider the two studies in the Rabin review judged to have “excellent” quality.

This gender blindness toward male victims of IPV is harmful to women. As Straus (2011, p. 285) states: “PV by a woman is ... a danger to women because it increases the probability of her partner being violent (Straus, 2005, p. 285)” As Stith (2004) points out in her meta-analysis, female-initiated IPV is the most important predictor of subsequent female injury.

REFERENCES:

- Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Ernst AA, Weiss S, Cham E, Hall L, Nick TG. (2004) Detecting ongoing intimate partner violence in the emergency department using a simple 4-question screen: The OVAT. *Violence and Victims* 2004; 19: 375-384. [PubMed: 15631287].
- Hoff, B. (2012a). U.S. national survey: More men than women victims of intimate partner violence, psychological aggression *Journal of Aggression, Conflict and Peace Research*. Vol. 4, Iss. 3, pp. 155-164 (July 2012)
- Hoff, B. H. (2012b) The National Intimate Partner and Sexual Violence Survey and the perils of advocacy research. *MenWeb Online Journal* Vol 2, Issue 3. Available online at: <http://batteredmen.com/NISVS-PerilsAdvocacyResearch.pdf>
- MacMillan HL, Wathen CN, Jamieson E, et al.; McMaster Violence Against Women Research Group (2009) Screening for intimate partner violence in health care settings: A randomized trial *JAMA*. 2009;302(5):493-501. doi:10.1001/jama.2009.1089
- MacMillan HL, Wathen CN, Jamieson E, Boyle M, McNutt LA, Worster A, et al.; McMaster Violence Against Women Research Group (2006). Approaches to screening for intimate partner violence in health care settings: a randomized trial. *JAMA*. 2006;296:530-6. [PMID: 16882959]
- Nelson HD, Bougatsos C, Blazina I. (2012) *Screening Women for Intimate Partner Violence: A Systematic Review to Update the 2004 U.S. Preventive Services Task Force Recommendation*. AHRQ

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<http://www.uspreventiveservicestaskforce.org/uspstf12/ipvelder/ipvelder.htm>

- Rabin RF, Jennings JM, Campbell JC *et al.* (2009) Intimate partner violence screening tools: A systematic review. *Am J Prev Med* Vol. 36, No. 5. 2009
- Shakil A, Donald S, Sinacore JM, Krepcho M. (2005) Validation of the HITS domestic violence screening tool with males. *Fam Med* 2005;37(3):193–8. [PubMed: 15739135]
<http://www.stfm.org/fmhub/fm2005/march/amer193.pdf>
- Stith S, Smith DB, Penn CE, *et al.* (2004) Intimate partner physical abuse perpetration and victimization risk factors: A meta-analytic review. *Aggression and Violent Behavior* Vol. 10, 2004. pp. 65-98.
- Straus, M.A. (2011). Gender symmetry and mutuality in perpetration of clinical-level partner violence: Empirical evidence and implications for prevention and treatment. *Aggression and Violent Behavior* 16 (2011) 279–288
- Straus, M. A. (2005). Women's violence toward men is a serious social problem. In D.R. Loseke, R. J. Gelles & M. M. Cavanaugh (Eds.), *Current controversies on family violence*, 2nd Edition (2nd Edition ed., pp. 55-77). Newbury Park: Sage Publications. Retrieved Jan. 20, 2012 from:
<http://pubpages.unh.edu/~mas2/VB33R%20Women's%20Violence%20Toward%20Men.pdf>
- Thombs BD, Bernstein DP, Ziegelstein RC, Bennett W, Walker EA. (2007) A brief two-item screener for detecting a history of physical or sexual abuse in childhood. *Gen Hosp Psychiatry*. 2007;29:8-13. [PMID: 17189738]
- Tjaden, P. G., & Thoennes, N. (2000). *Full Report of Prevalence, Incidence and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey*. U.S. Department of Justice, National Institute of Justice & Centers for Disease Control and Prevention Research Report, Nov. 2000. NCJ 183781
- US Preventive Services Task Force (2012). *Screening for Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults: U.S. Preventive Services Task Force Recommendation Statement. DRAFT*. <http://www.uspreventiveservicestaskforce.org/draftrec2.htm>
- US Preventive Services Task Force (2004). Screening for family and intimate partner violence. *Ann Intern Med* 2004;140(5):382–6. [PubMed: 14996680]
- Wathen CN, Jamieson E, MacMillan HL; McMaster Violence Against Women Research Group. (2008) Who is identified by screening for intimate partner violence? *Womens Health Issues*. 2008;18:423-32. [PMID: 19041594]
- Weiss SJ *et al.* (2003) Development of a Screen for Ongoing Intimate Partner Violence. *Violence and Victims* 2003; 18: 131-141.
<http://www.psychwiki.com/dms/other/labgroup/MeasuresWeek2/Rocio2/Weiss2003.pdf>