SAVE (Screening tool to identify Aggressive and Violent Experiences): A Novel Screening Tool for Identifying Perpetrators of Intimate Partner Violence

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Purpose: Intimate partner violence (IPV) is the most common cause of nonfatal injury in women worldwide. Addressing IPV has previously focused on survivors, with identification and assistance for the perpetrators often overlooked. Current screening tools for identifying perpetrators are limited by excessive length and accusatory language. Therefore, a tool with acceptable language would be valuable in breaking the cycle of violence. This study aimed to evaluate the most acceptable screening questions for identifying IPV perpetrators in fracture and hand clinics.

Methods: This study adopts a mixed-methods approach, utilizing cross-sectional surveys, focus group discussion, and semi-structured interviews. Orthopaedic patients and health-care providers (HCPs) were recruited to complete a cross-sectional acceptability survey. Eligible participants included patients presenting with acute fractures and a relationship within the last year. HCPs were recruited through relevant specialty organizations, including the OTA. Focus group discussions involving additional HCPs and semi-structured interviews engaging participants recruited from men's counselling programs were completed. Acceptability of 12 potential screening questions was measured using a 5-point Likert scale. The performance of the screening questions was assessed by calculation of receiver operating characteristic (ROC) curves, with the highest-performing questions determined using descriptive statistics. Thematic analysis of interview transcripts was conducted by 2 independent assessors (NVivo 14).

Results: A total of 224 orthopaedic patients, 151 HCPs, and 4 male clients participated. ROC curves revealed that SAVE attained a predictive score of 0.81, indicating excellent test quality. The 5 highest-performing questions were selected from both patient and HCP groups. Notably, 3 of these questions were consistent across both study populations. Thematic analysis revealed 5 key themes, including understanding the perpetrator's narrative, the importance of non-blaming and non-accusatory approaches, cultural relevance, identifying different types of abuse, and emphasizing the significance of this research.

Conclusion: This study supports implementation and further validation of this novel SAVE screening tool for perpetrators of IPV across diverse health-care settings. Identification of perpetrators is crucial for guiding education and interventions aimed at addressing violent behavior, ultimately aiming to disrupt the cycle of IPV.