



MOSAIC
(MOtherS' Advocates In the
Community)


a randomised trial of mentor mother support
to reduce partner abuse and depression
among pregnant and recent mothers

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MOSAIC rationale

- Intimate partner abuse prevalent in general practice (GP) and maternal and child health (MCH) nurse populations (*Hegarty and Bush 2002, Oriel 1998, MCHR unpublished PRISM data*)
 - GP and MCH nurse services important sites for victim support, but nurses and doctors under-confident, often untrained and poorly supported
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Victorian primary care services




General practice clinics



Maternal and child health nurse clinics



MOSAIC aims and objectives

- To reduce partner abuse and/or depression among women aged 16+ pregnant or with children under 5 whom their GPs or MCH nurses identify as at risk of, or experiencing IPA
 - To strengthen the health, wellbeing and attachment of at-risk or abused women to their children
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Evidence base for intervention

- **Little evidence for what works** (*Wathen and McMillan 2003, Ramsay, Feder et al 2008*)
- **Some evidence social support improves mental health at any level of IPA** (*Coker et al, 2002*)
- **Some evidence for effectiveness of:**
 - **domestic violence advocacy** (*Sullivan and Bybee, 1999*)
 - **home visiting nurses with disadvantaged mothers** (*Olds et al, 1997*)
 - **mentoring victimised pregnant women up until birth** (*McFarlane et al, 1997*)
 - **—————→ MENTOR MOTHERS**




MOSAIC mentor mothers

- Open, compassionate, non-judgmental mentors
- Training in IPA advocacy, depression care, parenting support
- Provide befriending, a 'listening ear', empowerment, advocacy and support
- Contact once a week ~ 12 months
- Mobiles for contact and safety
- Regular group supervision and peer support






Intervention processes

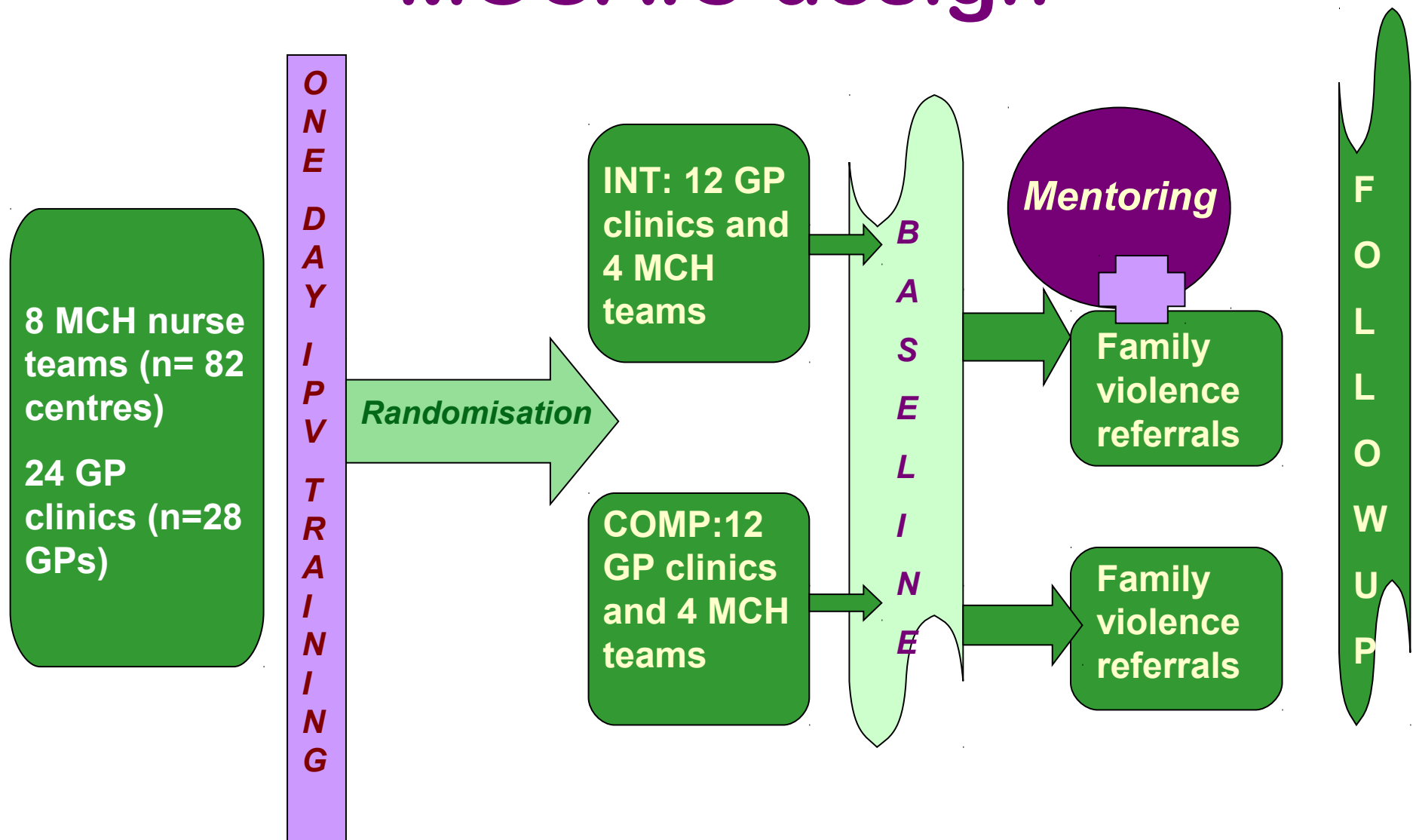
- Two co-ordinators provide training and ongoing support bi-monthly
 - >60 women recruited (10+ Viet) and trained (~40+ retained)
 - 4 and 8 month reviews and exit interviews by phone or face to face
 - Mentors and co-ordinators keep consistent records for evaluation
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MOSAIC evaluation design

- A cluster randomised trial
 - Process evaluation
 - Outcome evaluation
 - Valid and reliable measures of
 - Partner abuse (CAS)
 - Depression (EPDS)
 - Health and wellbeing (SF36),
 - Parent-child dysfunction (PSI-SF)
 - Social support (MOS),
 - Economic cost consequences evaluation
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MOSAIC design





VAW ethical issues (WHO, 2001)

- **Women's safety**
 - Enhanced health care for all participating women
 - Women's choice of meeting place
 - Well mother card includes family violence services
- **Researcher safety**
 - Buddy system
 - Mobile phones



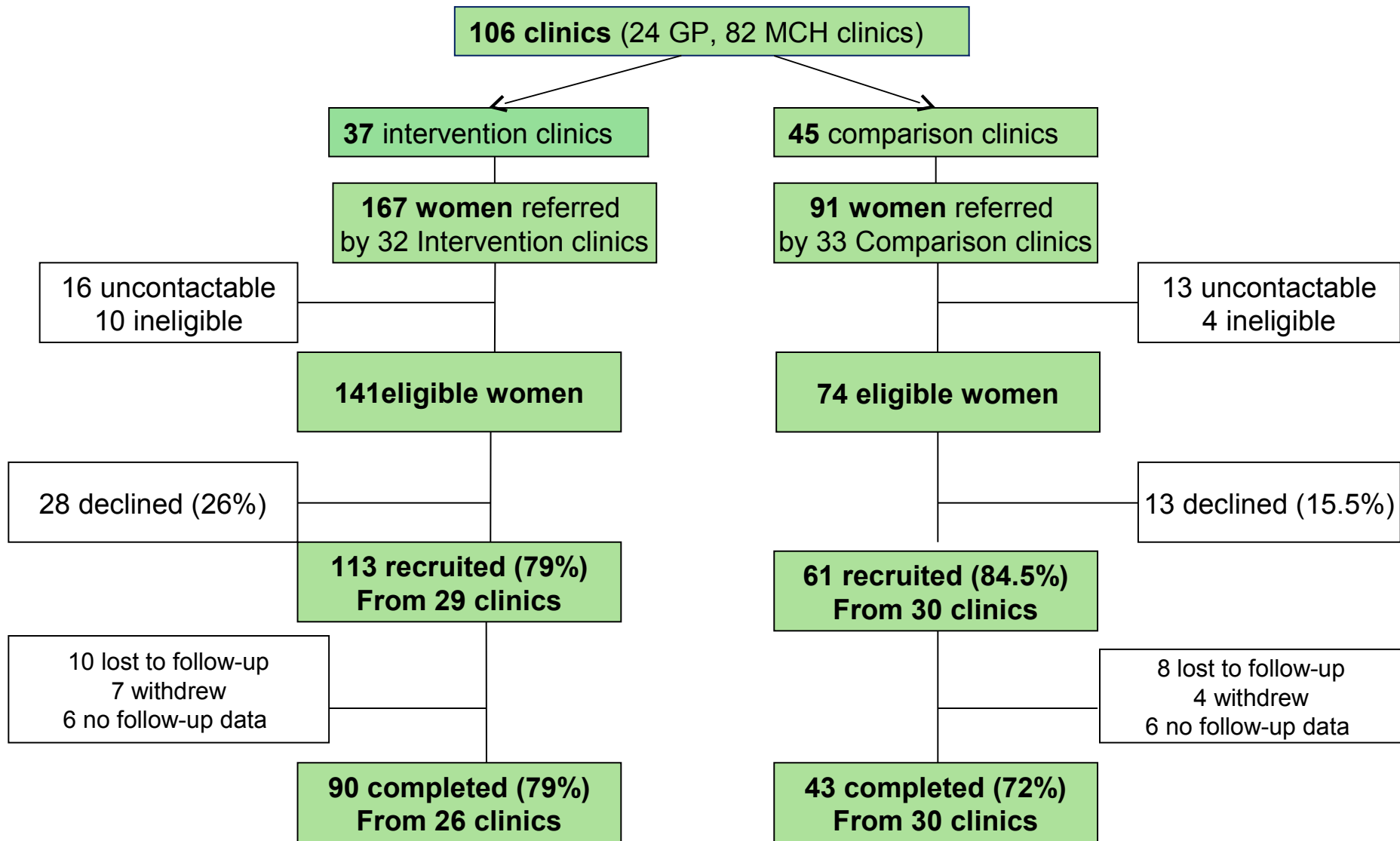
Outcomes



Clinician referral rates

- 24 GP clinics and 82 MCH centres
- 61% clinics (n=65/106) referred women
- 7% nurses and 11% GPs (6 or more) over two years
- 51% nurses and 46% GPs (none)

Participation flowchart



Did women see mentors and what did they think?

- 86/90 supplementary surveys completed
 - 10 declined mentor (too busy, no need)
- 76% (58/76) mentored 12 months
- 58% met weekly, 19% fortnightly
- 62% at home, 26% elsewhere (cafés)
- Most valued:
 - Someone who always encouraged me (79%)
 - Talk about anything that bothered me (78%)
- Most gained
 - Felt better about myself (61%)
 - Less isolated (56%), better parent (56%)
- 82% would definitely recommend mentoring to another

Characteristics of women retained in MOSAIC

Factor	Intervention (n=90) %	Comparison (n=43) %
Mean age	32y	32y
Married	32%	26%
Single, separated or divorced	46%	48%
Only one child	46%	53%
12 years schooling or less	47%	51%
Health care card	74%	70%
Pension or benefit	62%	53%
Overseas born	36%	32%



Changes in socio-demographic characteristics

- **Twice as many mentored women began more study in last 12 months**
 - 32% compared with 16% in non-mentored arm
- **AdjOR 2.04 (CI 1.08 – 5.2).**



Partner abuse (Composite Abuse Scale)

- All women showed a decrease in levels of partner abuse levels at follow-up, compared with the baseline
- Evidence of a true difference in abuse -
-8.67 (-16.2 to -1.15) CAS
- Less than half as many likely to be abused
 - Odds Ratio 0.47 (0.21 to 1.05 - weaker evidence)

Depression (≥ 13 EPDS)

- **Average difference in EPDS score greater in mentored arm**
 - 15.0 to 8.9 cf 12.9 to 9.9
 - -1.9 (-4.12 to 0.32)
- **Proportion of women depressed smaller in mentored arm**
 - 72% to 22% cf 60% to 33%
 - 0.42 (0.17-1.06)



Changes in women's wellbeing (SF36)

Physical health average score

+2.79 (range 0.40 to 5.99)


Mental health average score


+2.26 (range -1.48 to 6.0)






Conclusions

- Strong design
 - Qualified support for mentors
 - Bias and limited power due to low number of referrals and 2:1 ratio
 - Statistical adjustment for bias does not alter trend for benefit of mentor support
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- *“I have more power now as a woman and I let [my husband] know that I will not let him abuse me or take my daughter away. He was always saying I am crazy and that he will get custody of our daughter and that used to upset me but now I just tell him that I will not let him do that and that I am not crazy.”*

‘Annika’

- *“a person who had never known me...she would keep the secret...In that role I felt safe to tell her what had been ...in my heart’...she lifts my spirit...I was unravelling the knots in my mind”* *‘Lien’*
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