



Women's Evaluation of Abuse & Violence Care in General Practice: 6 and 12 month outcomes

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Overview

- What is the problem?
- Why this particular intervention?
- How did we do the trial?
- What did we find?
- Strengths and limitations
- What does it all mean?



Problem Campbell (2008)

- Intimate partner violence is common - 1 in 10 women attending general practice Hegarty (2006)
- Leading cause of morbidity and mortality for women of child-bearing age Vos (2005)
- Not identified in primary care due to barriers for women and GPs, although GPs often first formal support that women disclose to Hegarty (2006)
- Inadequate training in undergraduate medical programs Voice study (2012)

Intervention evidence

- Systematic review suggests limited evidence around whether screening works or not Feder (2009)
- Two screening trials have assessed women's health outcomes – very minimal effect on QOL or mental health MacMillan (2009) Klevens (2012)
- Advocacy & support groups reduce abuse in women who actively sought help from refuges and psychological interventions improve depression Feder (2009)
- GP training interventions increase referrals from a very low baseline (.02%) to a low level (0.3%) Feder (2011)

Context of Intervention Nelson (2012)

- Only one primary care screening trial - no effect of a US nurse management protocol compared with the use of a wallet-sized referral card on reducing IPV McFarlane (2006)
- Two antenatal care trials, a safety planning/ empowerment intervention by Hong Kong nurses and a social worker for African American women found reduction in minor physical violence Tiwari (2005) , Kielly (2010)

What do women expect from health care providers? Feder, (2006)

Immediate response to disclosure

- Non-judgemental validation
- Take time to listen
- Address safety concerns

Response during later interactions

- Understand chronicity of the problem and provide follow-up and continued support
- Respect women's wishes



Listening

"It is as though he listened and such listening as his enfolds us in a silence in which at last we begin to hear what we are meant to be"

Aim Hegarty, Lancet (2013)

To determine if an intervention consisting of

- i. screening women for IPV and notification to GP;
- ii. training GPs to respond to women;
- iii. inviting women for brief counselling with the GP

increases

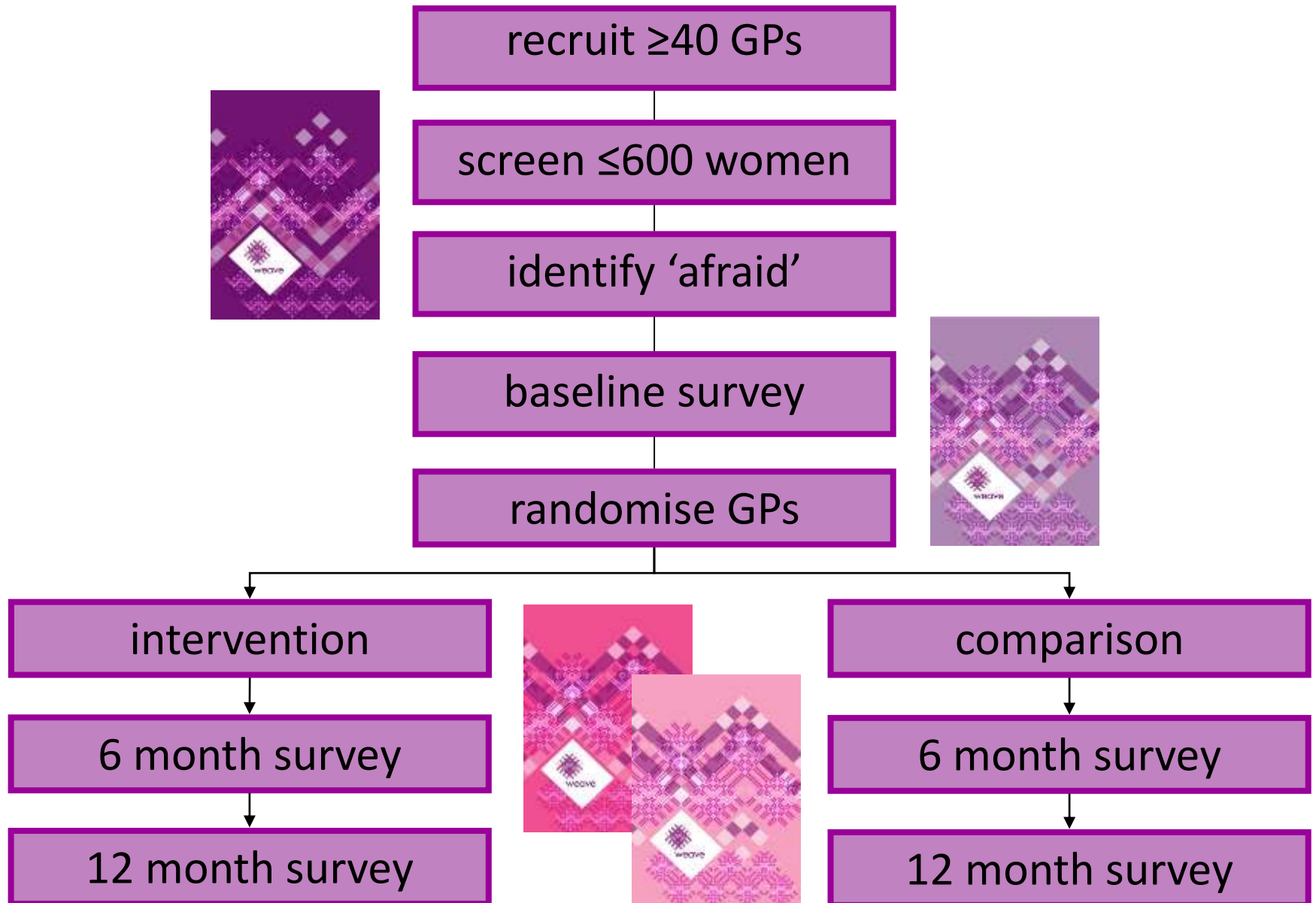
- quality of life (primary)
- mental health
- safety planning and behaviours
- **GPs' inquiry about safety of women and children**

reduces

- **depression and anxiety**

and is cost-effective

Method Gunn (2008)



B2 **How often have you experienced any of the following in the last 12 months?** (Please tick one box on each line)

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Wanting to cut down on your smoking	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Feeling down, depressed or hopeless	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Being afraid of your partner or ex-partner	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Feeling you couldn't control what or how much you eat	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Wanting to cut down on your alcohol intake	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Wanting to do more physical activity	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Worrying a lot about everyday problems	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Wanting to cut down on your drug use	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅



Quitline 131848
Lifeline 131114
Women's Domestic Violence Crisis Line
 (03) 9322 3555
 1800 015 188
 (24h freecall)

DirectLine – Drug Information
 1800 888 236 (freecall)

PANDA – Post and Antenatal Depression Association
 1300 726 306

Relationships Australia
 1300 364 277

Beyondblue
 1300 224636
 beyondblue.org.au

Vicfit Physical Activity Infoline
 1300 885 602
 www.vicfit.com.au

Healthy Relationship Training 8 hours

Hegarty (J Family Studies 2008)

KSA survey; audit of 20 consecutive patients

Teleconference 1; distance education

Practice visit 1: attitudes & skills development

Teleconference 2

Practice visit 2: simulated patient session

Teleconference 3 & 4; KSA survey

Key elements of interactive sessions

- Active listening exercises Gunn (2006)
- Attitudinal exercises Warshaw (2006)
- Simulated patients - role play different 'readiness for change' scenarios Frasier (2001)
- Use of survivor's voices Warshaw (2006)
- Modeling of respectful behaviours in interactions with GPs Warshaw (2006)
- Focus on Stages of Change (Chang, 2005)



Assessing Safety



How safe does she feel?

Is she afraid of going home today?

Has she been threatened with a weapon?

Does he have a weapon in the house?

Has the violence been escalating?

Does he have a drug or psychiatric history?

Safety plan: Spare keys, money, birth certificates,
passports, signal - neighbour calls police

Brief intervention for women

Hegarty (J Family Studies, 2008)

Melbourne City General Practice

- Invite women for 1 to 6 half hour visits
- Structured consult
- Women-centred and relationship care
- Motivational interviewing
- Non-directive problem solving

Feb 1 2009

Re: An invitation to make your **weave** appointment

Dear Lily,

Thank you for your involvement in the **weave** project so far. As you are probably already aware, I am working with a team of GPs and other health professionals from the Department of General Practice at the University of Melbourne on a project called **weave** in which we are exploring ways to improve the care women receive in general practice when they are experiencing issues such as depression, relationship problems, and stress or worry.

I am writing to invite you to make an appointment to see me. The first session would ideally take place at my practice. However, if you wish, further consultations (up to 5) can be done at the practice or over the phone, whichever suits you best. Each session would take about 30 minutes and be free of charge.

If you do wish to make an appointment, please contact the reception on 83659999 and simply indicate that you would like to see me for a **double** or 30 minute appointment. Please present the enclosed **weave card to me** when you come for the session or let me know that the consultation is about the **weave** project.

Our usual practice is to follow up these letters with reminders. I appreciate that you may have changed your mind about being involved in this part of the study. If so, this will in no way affect the care that we provide to you at our practice.

If you have any questions about this project please call me on 83659999 or Lorna O'Doherty, a member of the **weave** team, on 8344 3369.

Yours sincerely,

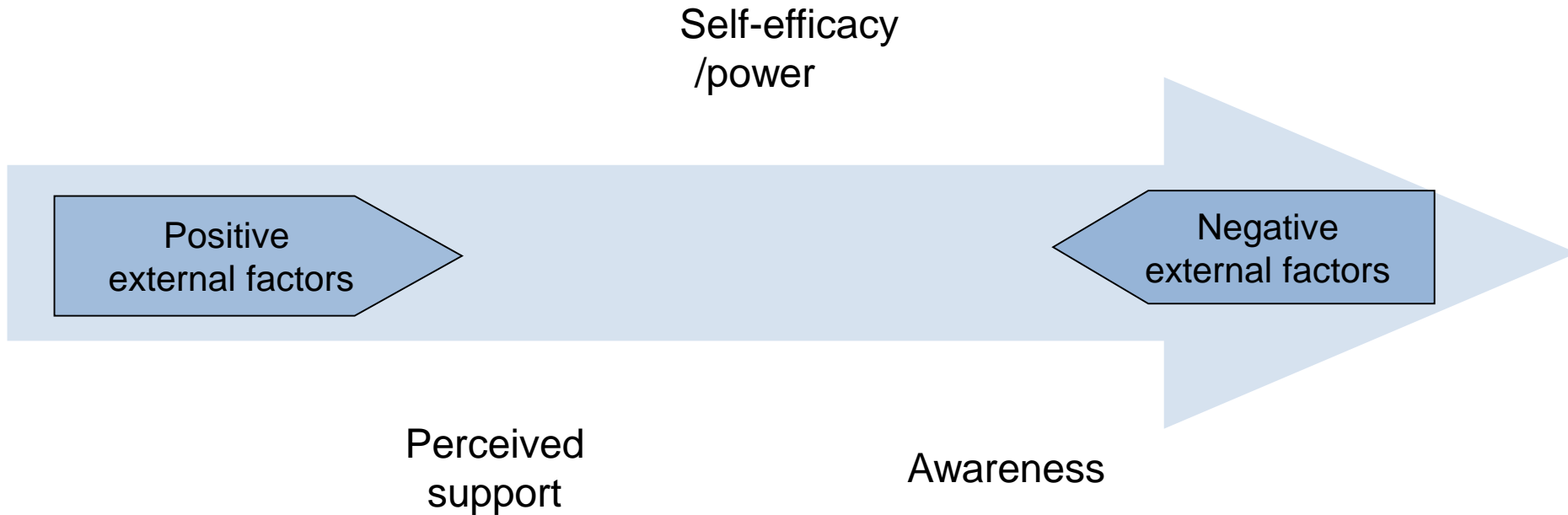
Dr Murphy

Melbourne City General Practice



Psychosocial Readiness Model

Chang (2010)



Overview

- What is the problem?
- Why this particular intervention?
- How did we do the trial?
- **What did we find?**
- Strengths and limitations
- What does it all mean?
- Illustrate with stories.....



20100 screening surveys / 55 practices



5742 returned (29%)

20100 screening surveys / 55 practices



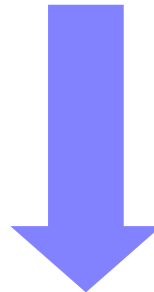
5742 returned 29%



731 women 'afraid' 12.9%



477 willing to be contacted



91 ineligible
39 declined
19 uncontactable
56 did not return survey

272 women enrolled

Characteristics of trial GPs (N=52)

- 65% women
- 65% urban
- Average age of 48 years
- 84% graduated in Australia
- Average number of years in general practice was 17 years

More likely to be female and rural than Australian GP population



Who participated in trial (women)?

(n=272)

- Mean age: 39 years
- Currently in intimate relationship: 70%
- Live with children: 63%
- Completed Year 12: 57% and University: 31%
- Working in paid work: 67%
- Married 30% and separated/divorced 15%

Composite Abuse Scale

Hegarty (Violence Victims 2005)

Severe Combined Abuse (8 items)

locked in bedroom, kept from medical care, used a knife or gun, raped, not allowed to work

Emotional Abuse (11 items)

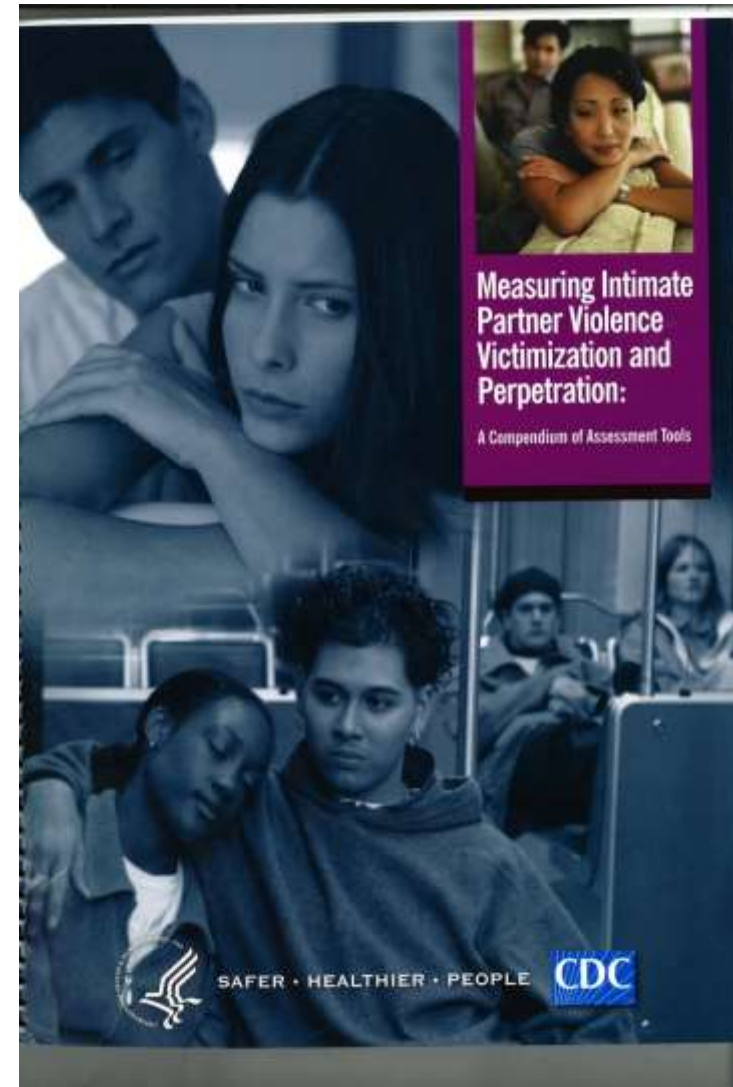
told ugly, crazy, kept from family, blamed for violence, upset if housework not done

Physical Abuse (7 items)

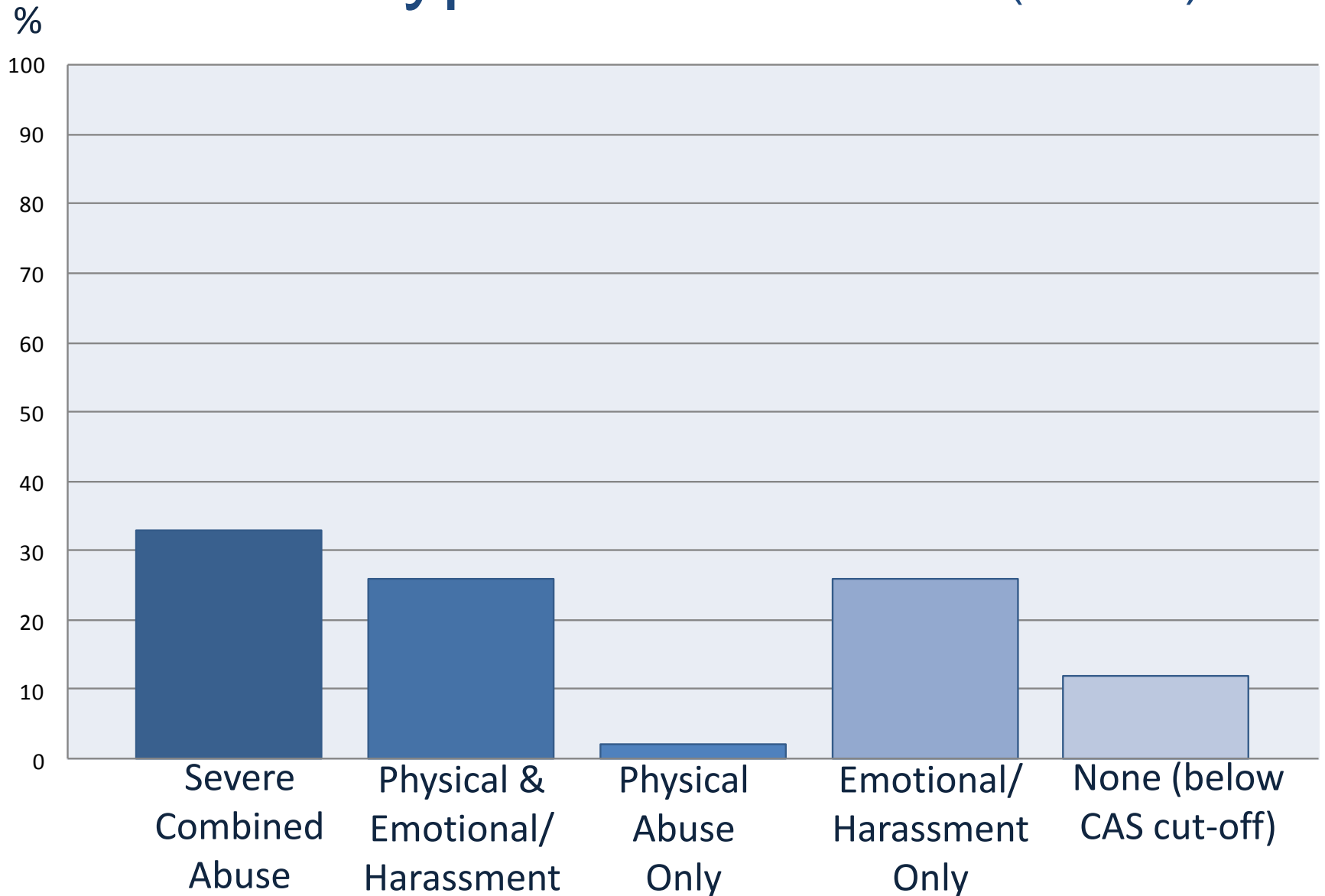
pushed, kicked, slapped, beaten up

Harassment (4 items)

followed, harassed at work, hung around



Abuse types at baseline (n=272)



52 GPs & 272 women randomised

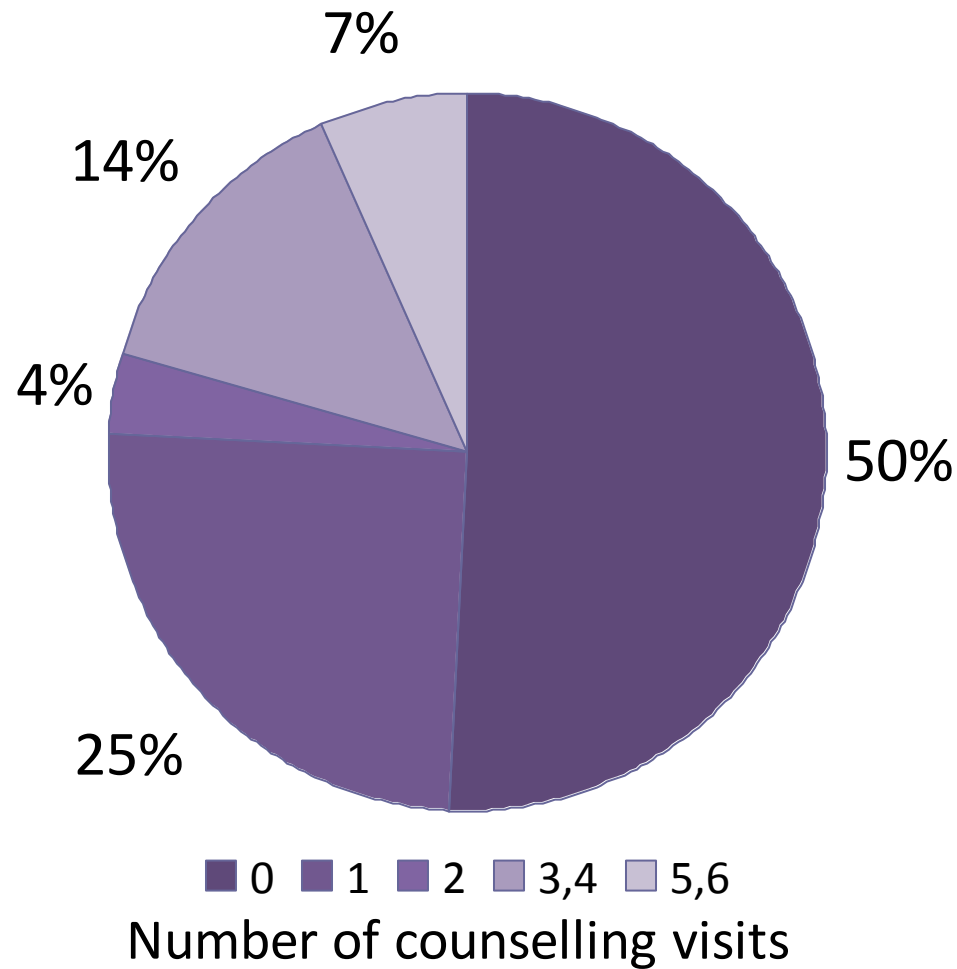
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graph TD; A[52 GPs & 272 women randomised] --> B[Intervention 25 GPs  
137 women]; A --> C[Comparison 27 GPs  
135 women];
```

Intervention 25 GPs
137 women

Comparison 27 GPs
135 women

Who took up offer of counselling?

(intervention group n=137)



Reasons for declining counselling

(n=41)

Doesn't want appt's/not interested

Counseling elsewhere Moved away

Didn't think it would help situation

Not comfortable

Don't feel I need counselling

Unhappy with weave GP

Too busy

On my side Medication

Stress reduction

Future planning

Improve Self Esteem

Named abuse Express feelings

Non judgemental listening

52 GPs & 272 women randomised

```
graph TD; A[52 GPs & 272 women randomised] --> B[Intervention 25 GPs  
137 women]; A --> C[Comparison 27 GPs  
135 women]; B --> D[94 women returned  
6 mth survey (68%)]; B --> E[96 women returned  
12 mth survey (70%)  
137 analysed]; C --> F[99 women returned  
6 mth survey (73%)]; C --> G[100 women returned  
12 mth survey (74%)  
135 analysed];
```

Intervention 25 GPs
137 women

Comparison 27 GPs
135 women

94 women returned
6 mth survey (68%)

99 women returned
6 mth survey (73%)

96 women returned
12 mth survey (70%)
137 analysed

100 women returned
12 mth survey (74%)
135 analysed



Primary outcomes

(unadjusted)



- Primary outcome variables were:
 - WHOQOL-Bref Physical, Psychological, Social, Environmental
 - SF12 Mental Health
 - Safety plan (% of women who ever had one)
 - Number of safety behaviours

All analyses allowed for correlation between responses of women attending the same GP

Adjusted for **baseline** outcomes, **practice** location (stratification variable), **missing responses** at 6 and 12 months



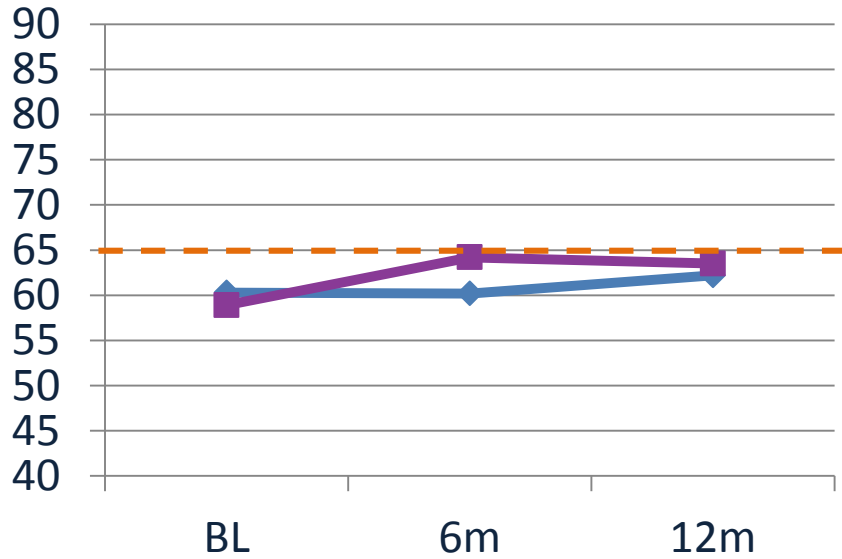
Primary outcomes

(adjusted for BL, practice loc. & missing)

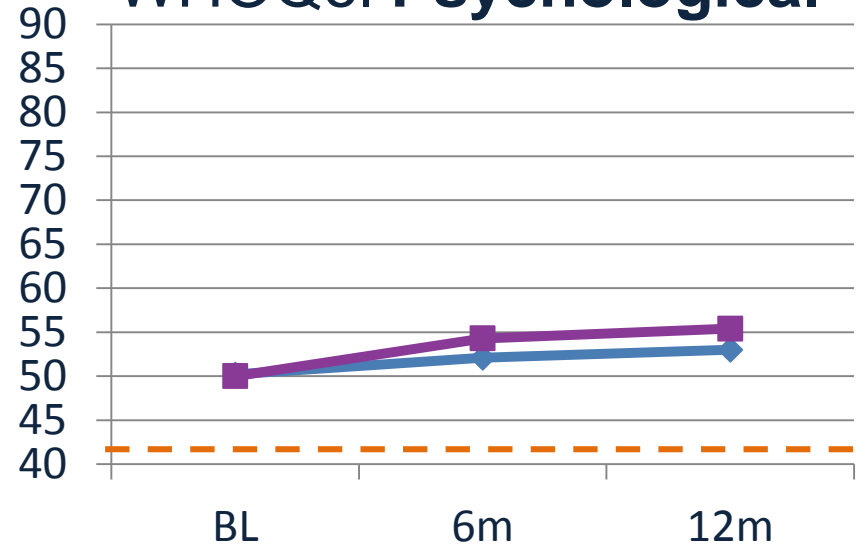


	Intervention	Comparison			
Outcome (12 months)	Mean	Mean	Diff	95% CI	<i>p</i>
QOL Physical	63.5	62.2	2.7	-1.4, 6.8	.20
QOL Psychological	55.4	53.0	2.3	-1.5, 6.1	.23
QOL Social	54.9	52.4	2.1	-4.3, 8.5	.52
QOL Environment	64.1	63.5	1.9	-1.7, 5.5	.29
SF12 Mental Health	41.0	38.4	2.4	-1.7, 5.5	.29
Outcome (12 months)	(%)	(%)	OR	95% CI	<i>p</i>
Safety plan	(43.1)	(30.9)	1.7	0.8, 4.0	.20

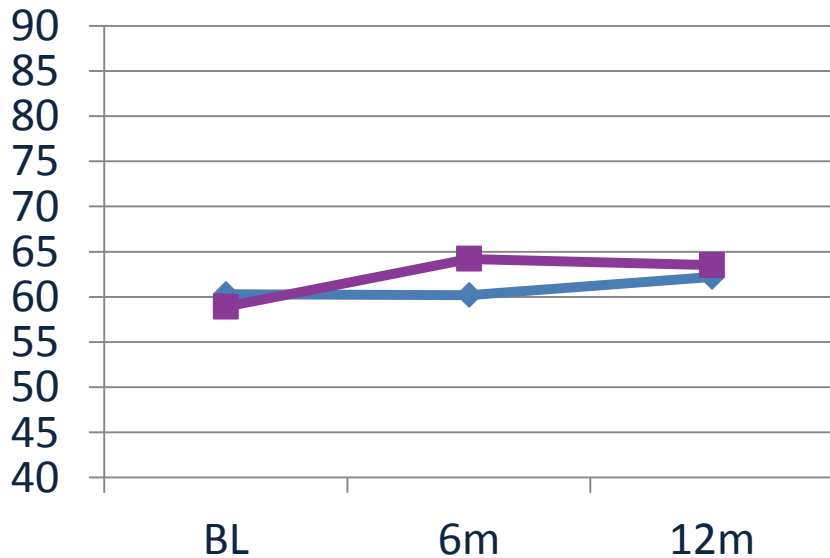
WHOQoL Physical



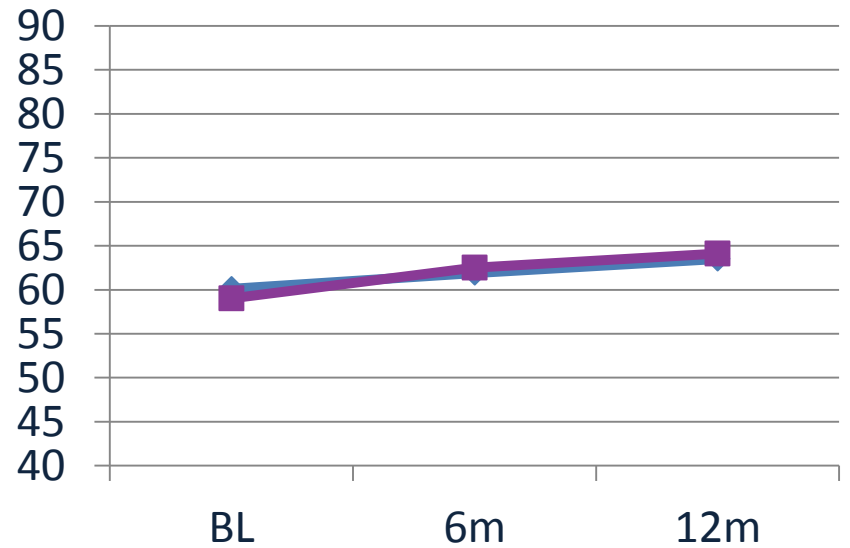
WHOQoL Psychological



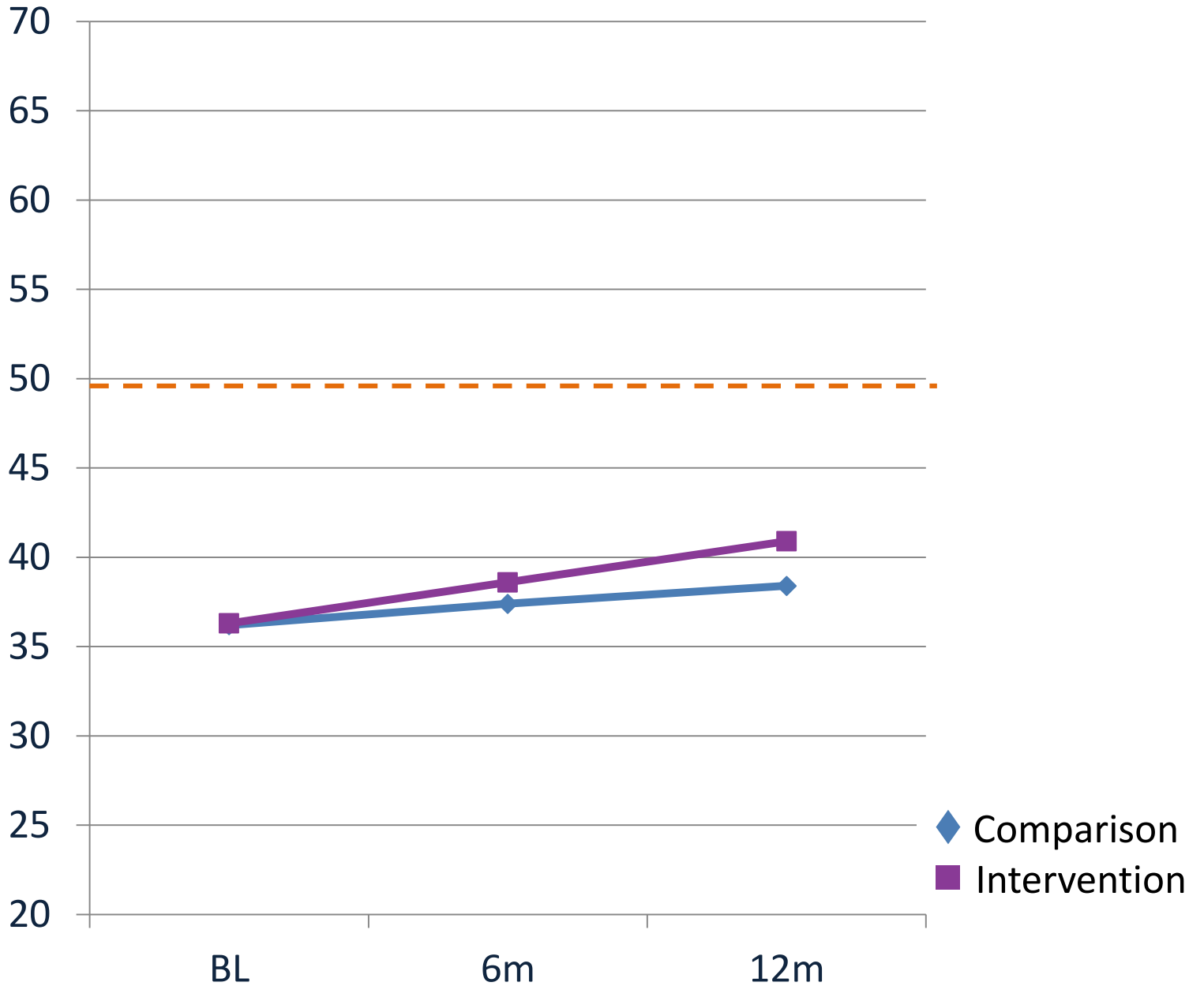
WHOQoL Social



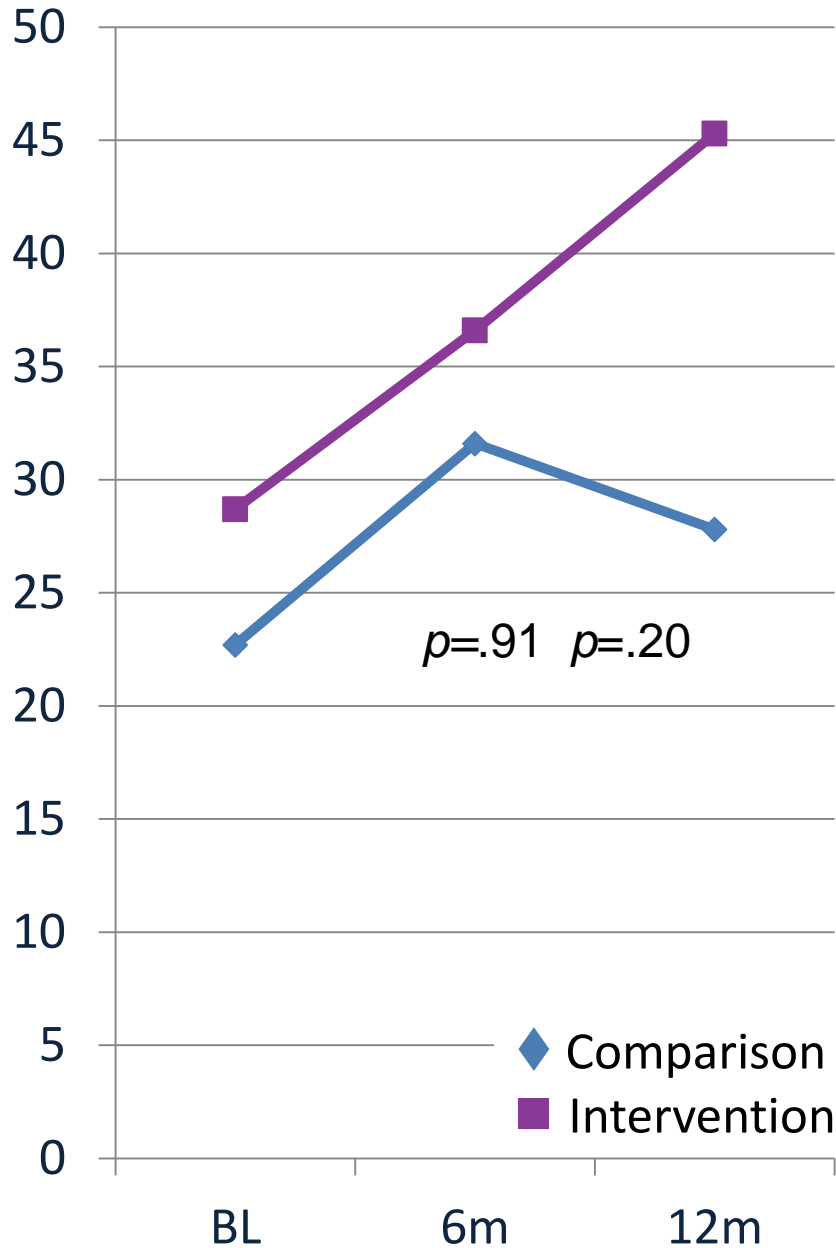
WHOQoL Environmental



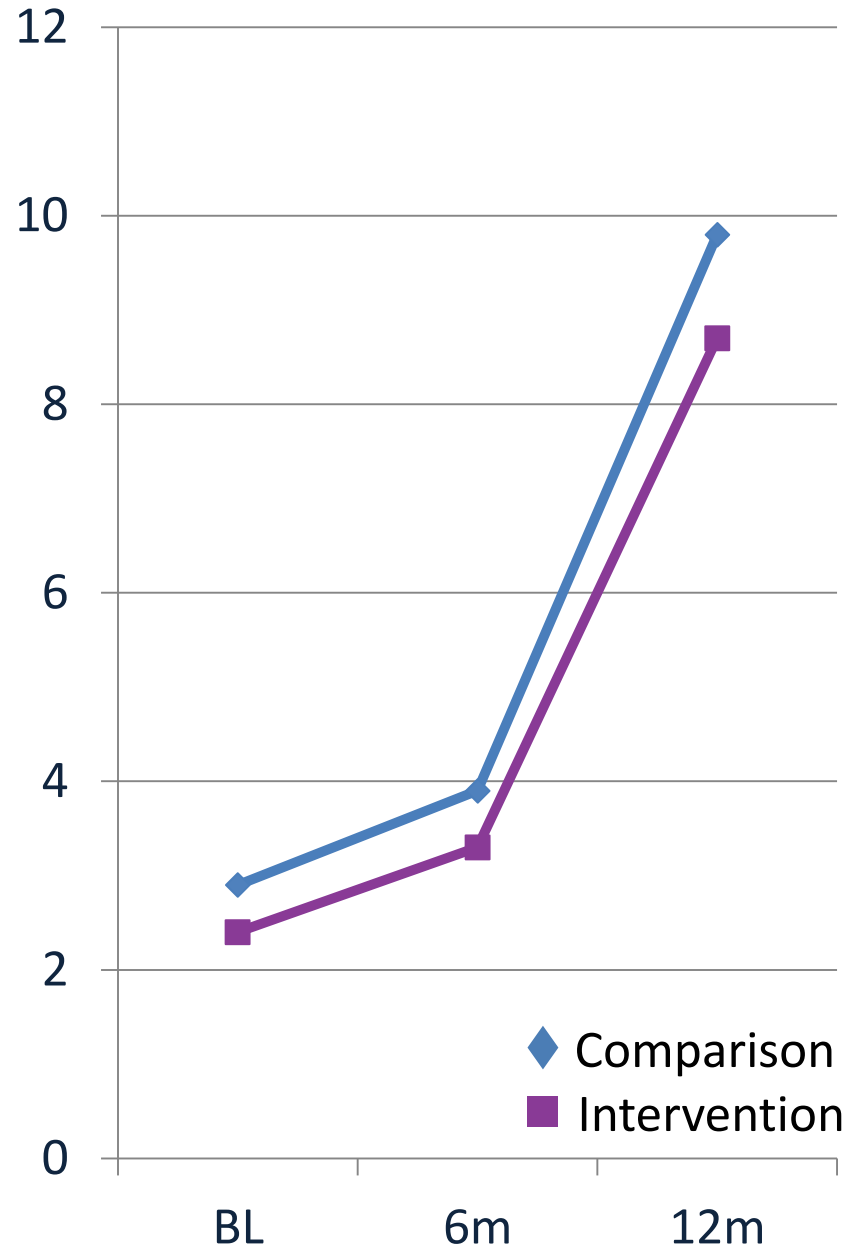
Mental Health (SF12)



Safety Plan (% women)



Safety Behaviours (no.)





Secondary outcomes

(unadjusted)



- Secondary outcomes were:
 - Hospital Anxiety and Depression Scale (HADS)
Depression (caseness score ≥ 8)
Anxiety (caseness score ≥ 8)
 - GP inquiry about woman's safety
 - GP inquiry about child's safety
 - Woman's comfort to discuss fear with GP
- All analyses allowed for correlation between responses of women attending the same GP



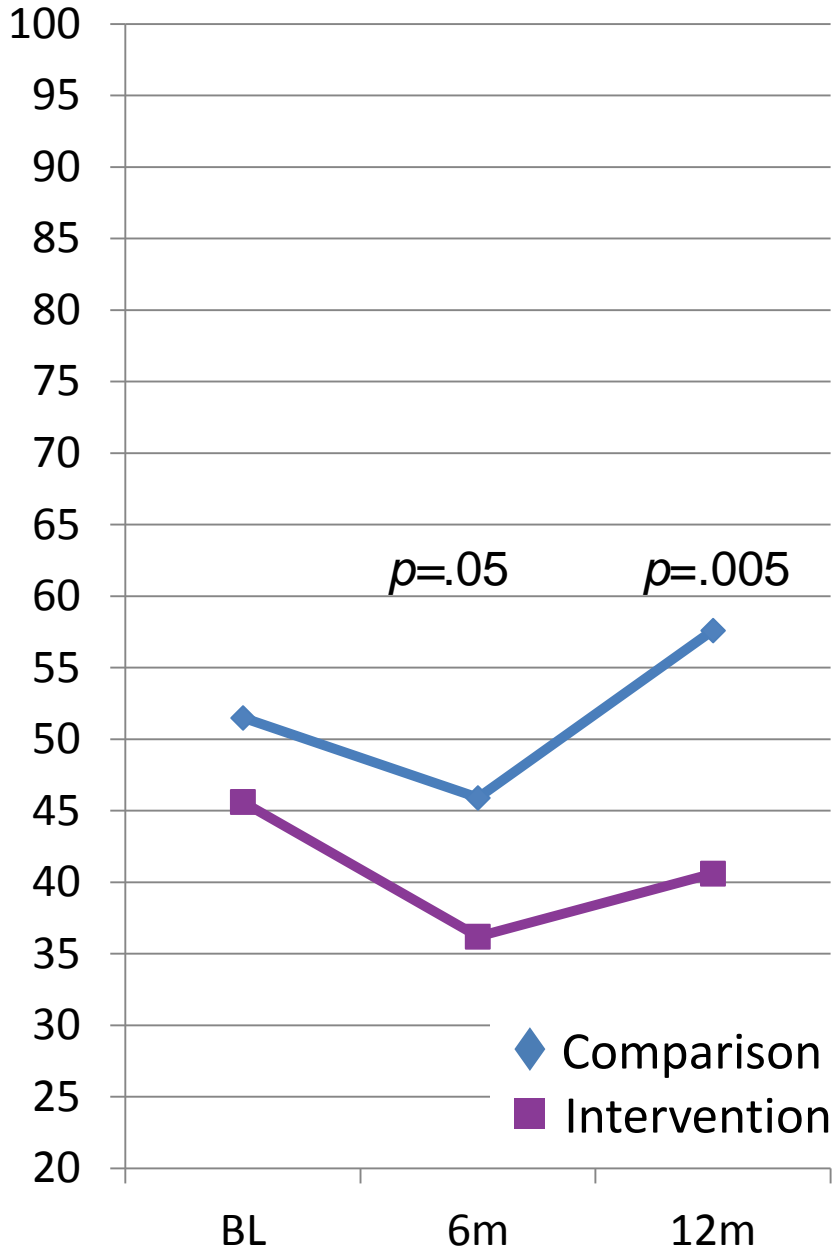
Secondary outcomes

(adjusted for BL, practice loc. & missing)

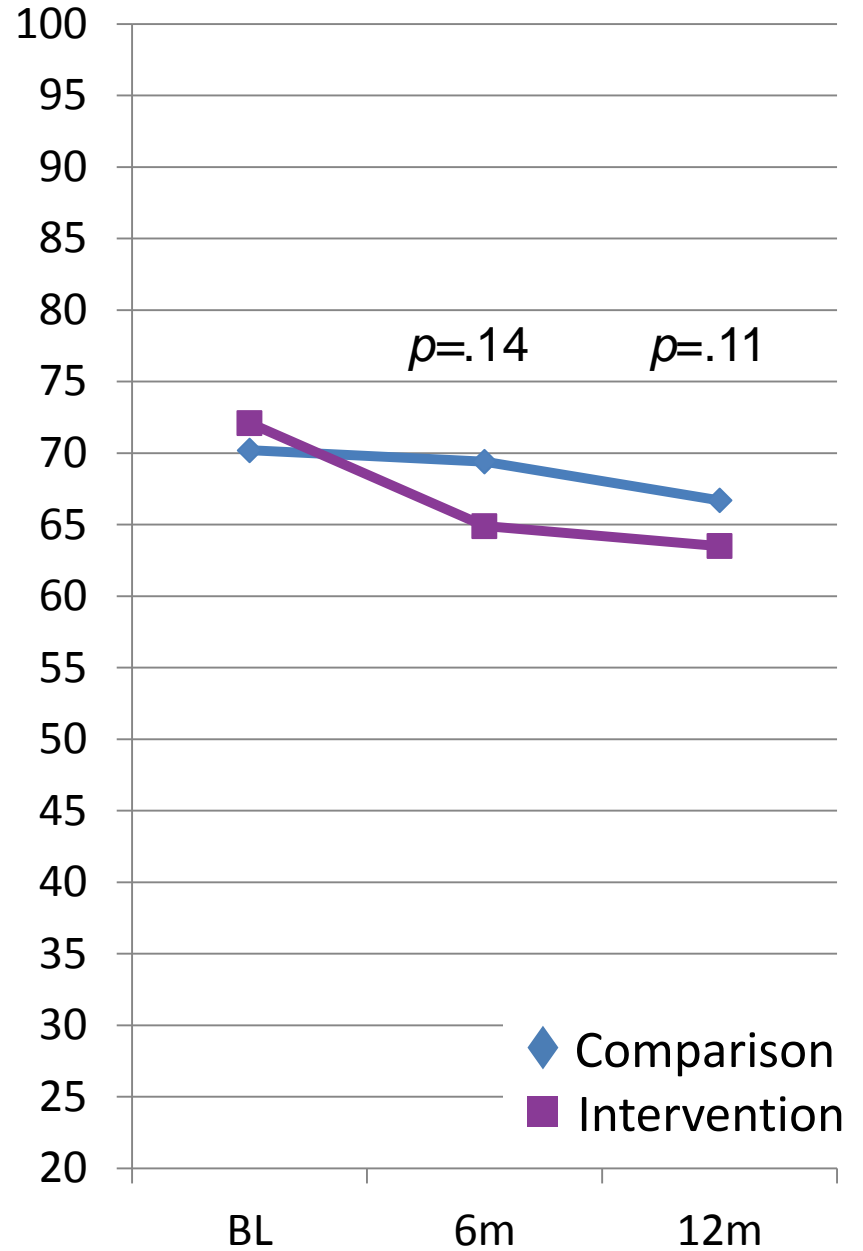


	Intervention	Comparison			
Outcome (12 months)	(%)	(%)	OR	95% CI	<i>p</i>
Depression caseness	(37.6)	(58.0)	0.3	0.1, 0.7	.005**
Anxiety caseness	(59.3)	(68.2)	0.4	0.2, 1.2	.11
Comfort to discuss	(62.1)	(64.7)	0.9	0.5, 1.7	.75
Outcome (6 months)	(%)	(%)	OR	95% CI	<i>p</i>
GP Inquiry about Woman's Safety	(32.4)	(13.2)	5.1	1.9, 14.0	.002**
GP Inquiry about Child's Safety	(34.9)	(17.9)	5.5	1.6, 19.0	.008**

Depression (Caseness)

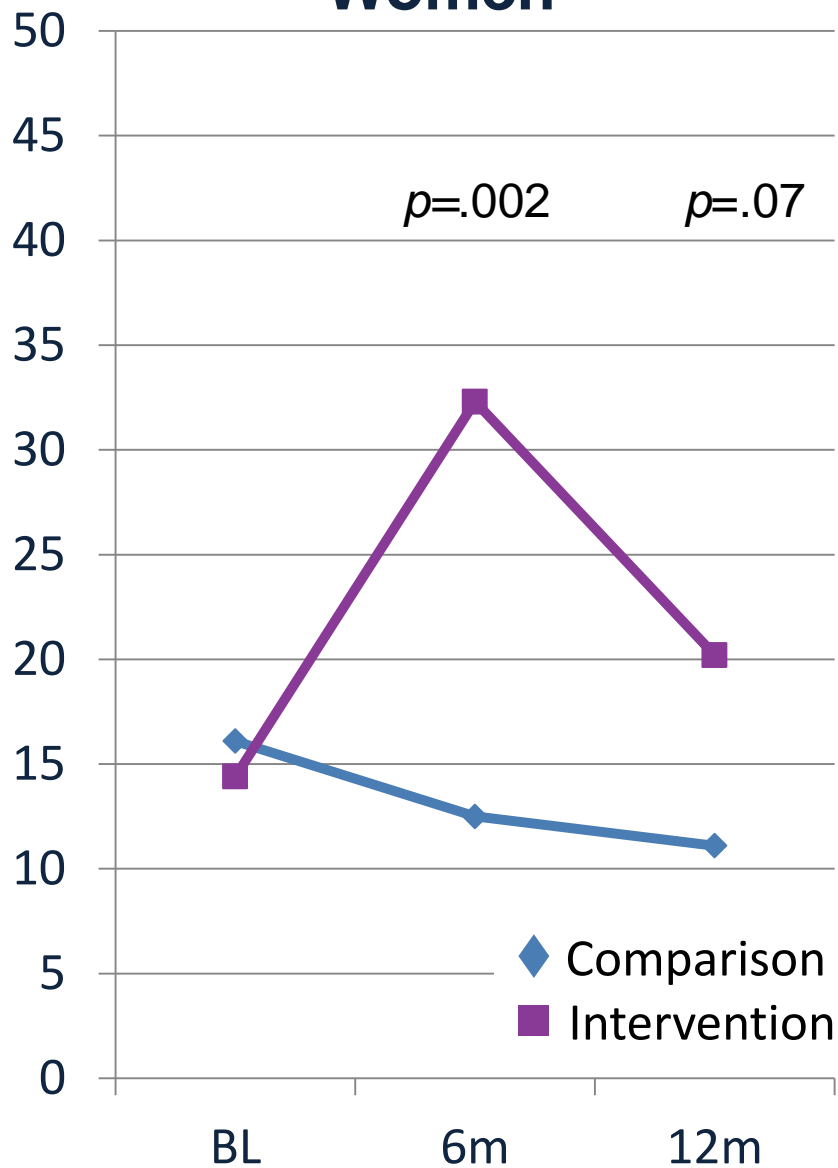


Anxiety (Caseness)

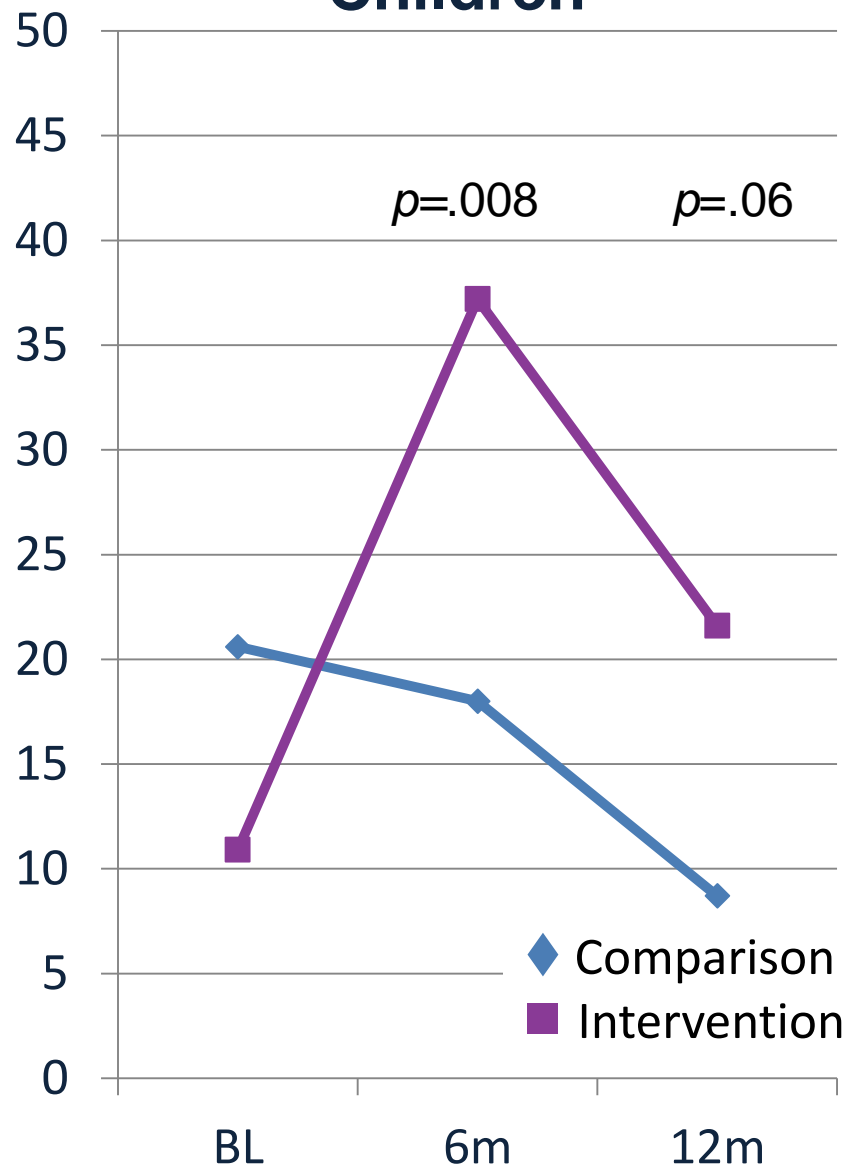


GP inquiry about safety (%)

Women



Children



Other findings- GP Support

Finally, how supported do you feel by the **weave GP** with regard to relationship problems?

(Place an X on the point on the line that most closely reflects how you feel)

Completely unsupported

Completely supported



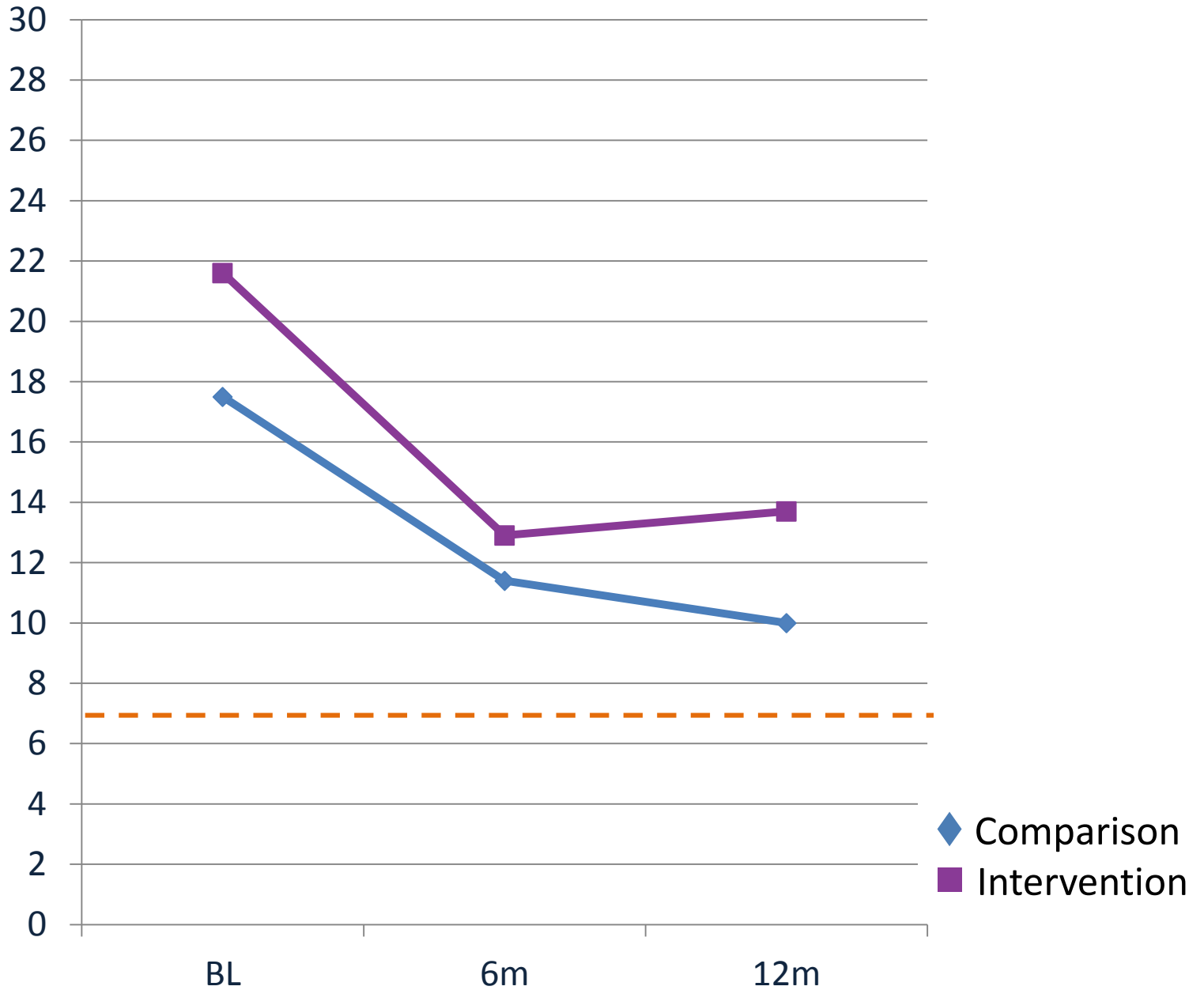
Completely unsupported

Completely supported



**Adj. mean diff 16.0 (3.4, 28.7),
p=.01**

Composite Abuse Scale Score





Limitations

- External validity
 - More likely female GPs, and ? May be motivated by issue
 - Who have we missed out on?
 - CALD women
 - Indigenous women
 - Low return on screening surveys (29%)
- Transferability
 - computer listing of patients seen last year
 - mail-out by GP staff ?use waiting room or computers
 - subsidised longer appointments

Strengths & challenges

- Cluster trial design, achieved sample size
- Response Rate of women at 12 months - 70%
- Active withdrawal 9%
- Baseline measures balanced

- Training moderately resource intensive
- Small no. of women per GP - 3 clusters dropped out
- Effect of surveys
- Low uptake of intervention

What does it all mean?

Screening with notification, and inviting abused women for brief counseling by GPs trained to respond to women fearful of a partner

Improves depressive symptoms but no significant difference to women's quality of life, BUT

Increases safety discussion with the GP about women and children

To illustrate.....

To conclude.....

I probably would have just kept plodding along with the way life was if I hadn't got the *weave* invite.

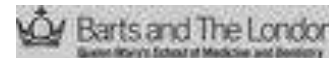
I still find the *weave* GP's probably my anchor, my centre point for going for things.

She regularly keeps track of me.

She has been my main focal point, the rest are just people that I see to help assist with getting through the journey.



The weave team





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Department of General
Practice

