Women's Evaluation of Abuse & Violence Care in General Practice: Lessons from the WEAVE project

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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?
- Harm/Benefit

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)

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Intervention evidence

- Recent systematic reviews do not support screening all women Taft (2013), WHO (2013) MacMillan (2009) Klevens (2012) Koziol-McLain (2010)

- Advocacy & support groups reduce abuse in women who actively sought help from refuges and

- Psychological interventions improve depression Feder (2009) WHO (2013)

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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)

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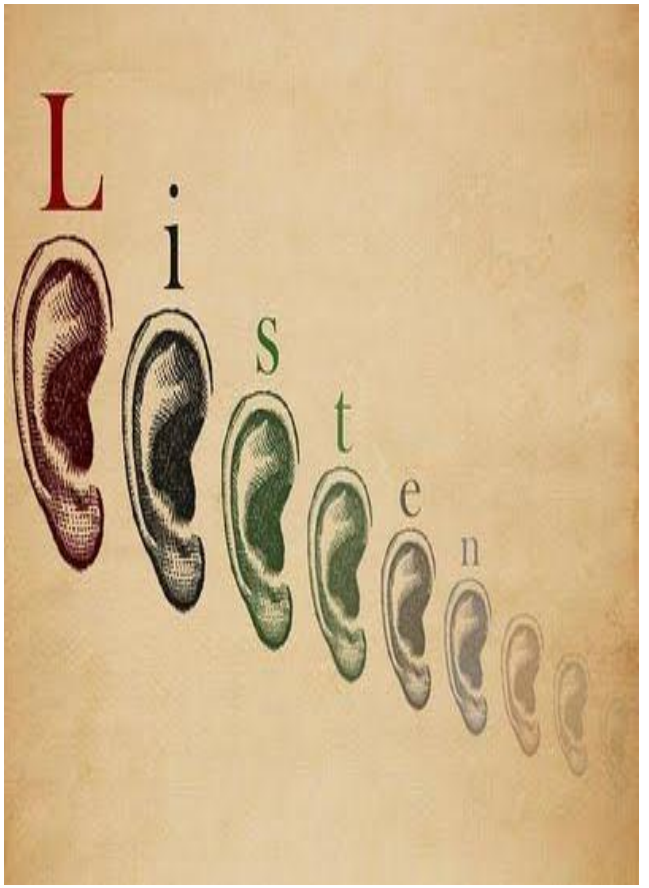
What do women expect from health care providers? Feder (2006)

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



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

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Method Gunn (2008)

recruit ≥40 GPs

screen ≤600 women

identify ‘afraid’

baseline survey

randomise GPs

intervention

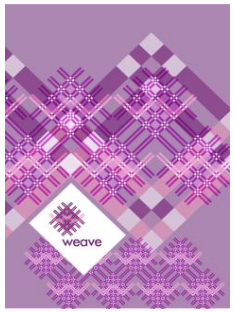
6 month survey

12 month survey

comparison

6 month survey

12 month survey



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	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Feeling down, depressed or hopeless	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Being afraid of your partner or ex-partner	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Feeling you couldn't control what or how much you eat	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Wanting to cut down on your alcohol intake	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Wanting to do more physical activity	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Worrying a lot about everyday problems	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Wanting to cut down on your drug use	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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RESOURCES

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

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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 Training

- Active listening exercises Gunn (2006)
- Attitudinal exercises Warshaw (2006)
- Assessing Safety and Safety Planning
- Simulated patients - role play different ‘readiness for change’ scenarios Frasier (2001) (Chang, 2005)
- Use of survivor’s voices Warshaw (2006)
- Modeling of respectful behaviours in interactions with GPs Warshaw (2006)

Brief intervention for women

Hegarty (J Family Studies, 2008)

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

Melbourne City General Practice

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

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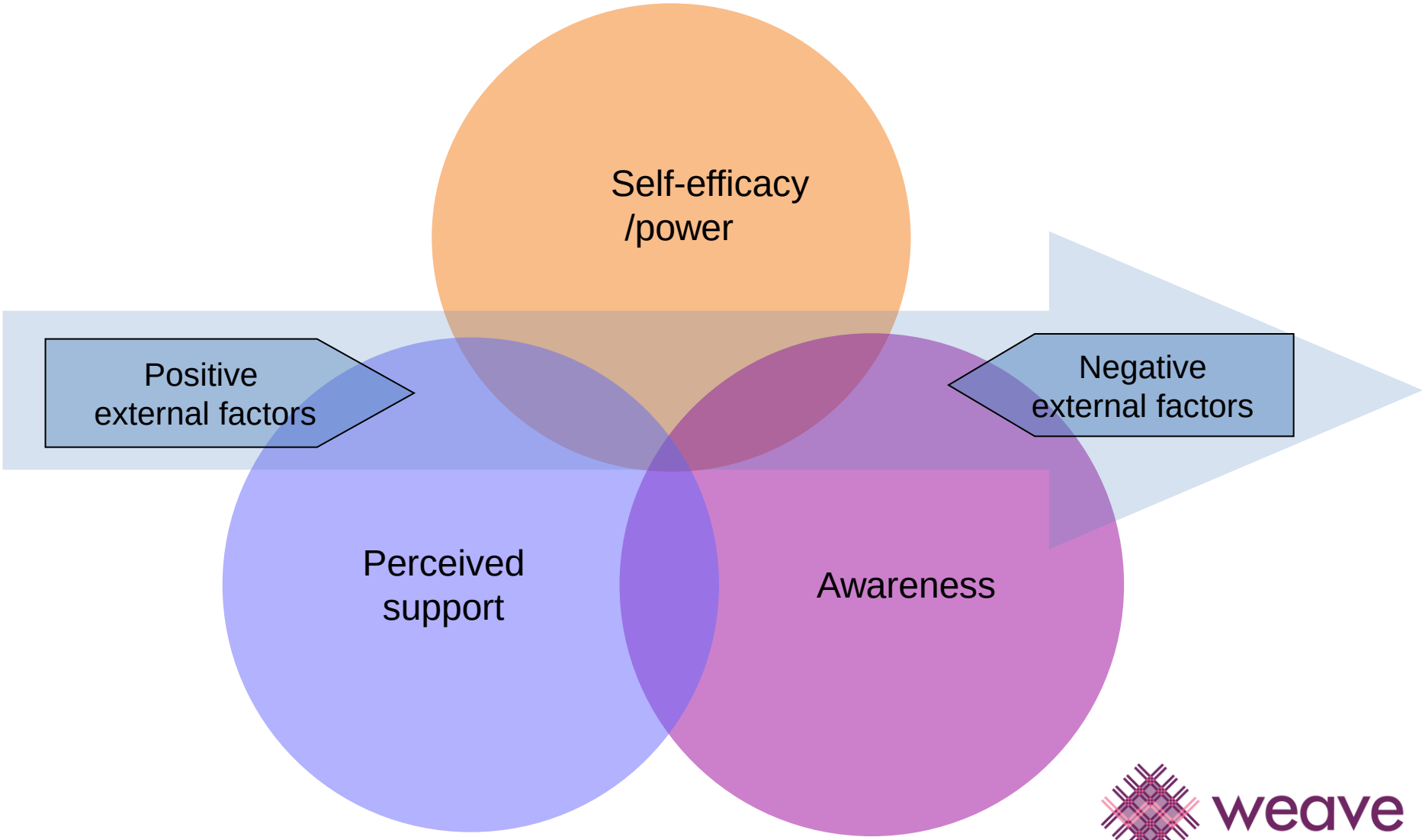
Psychosocial Readiness Model

Chang (2010)



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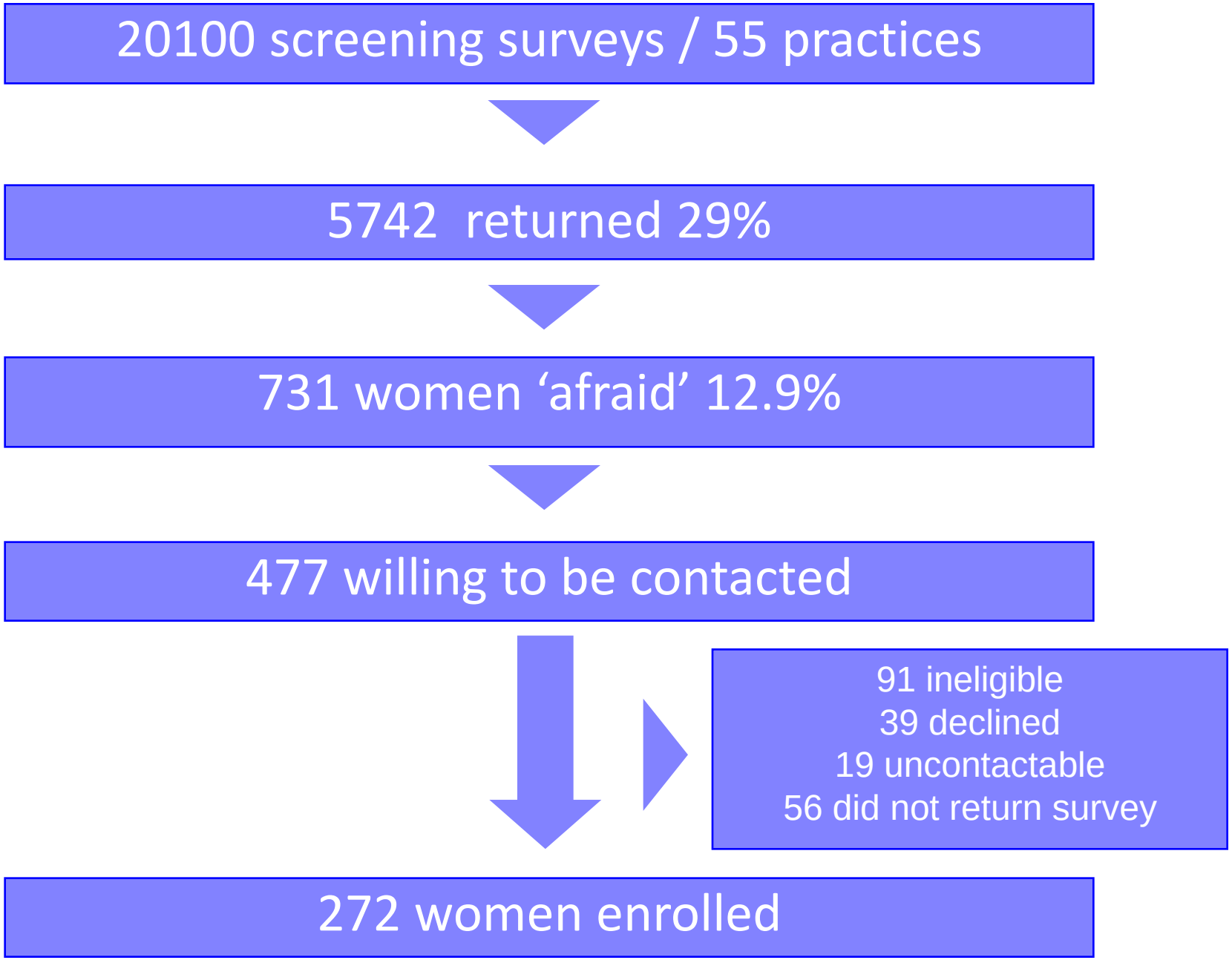
Overview

- 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?
- 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 and urban
- Average age of 48 years
- 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)

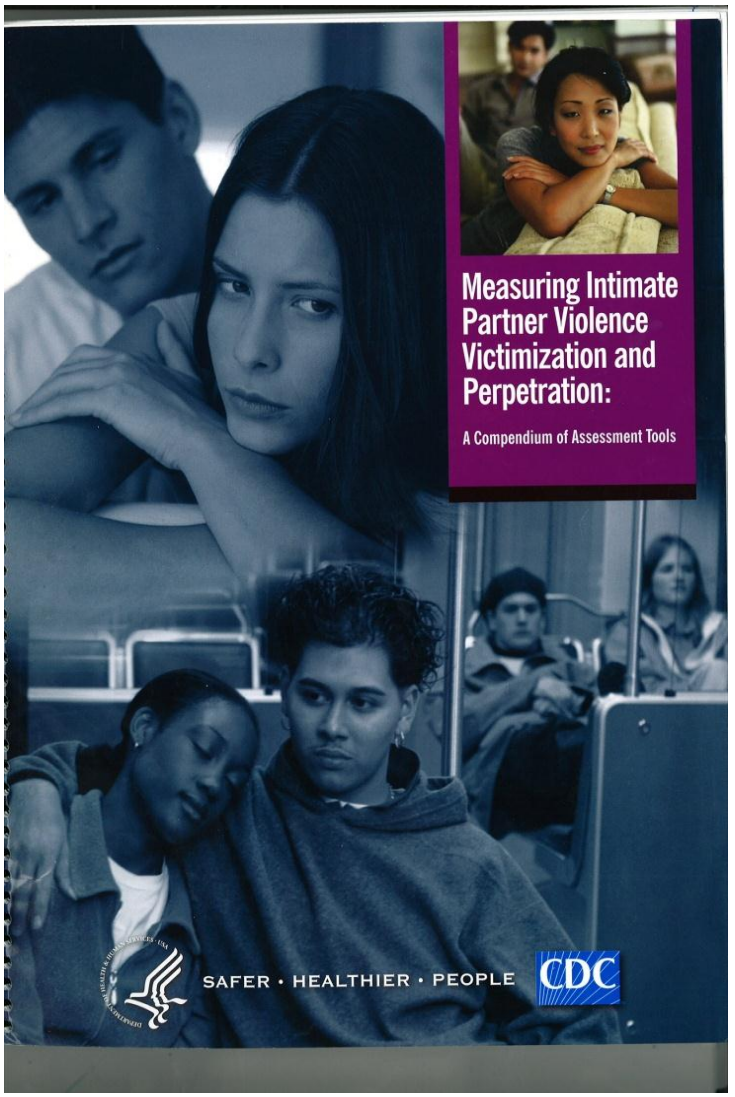
told ugly, crazy, kept from family, blamed for violence, upset if housework not done

Physical Abuse (7 items)

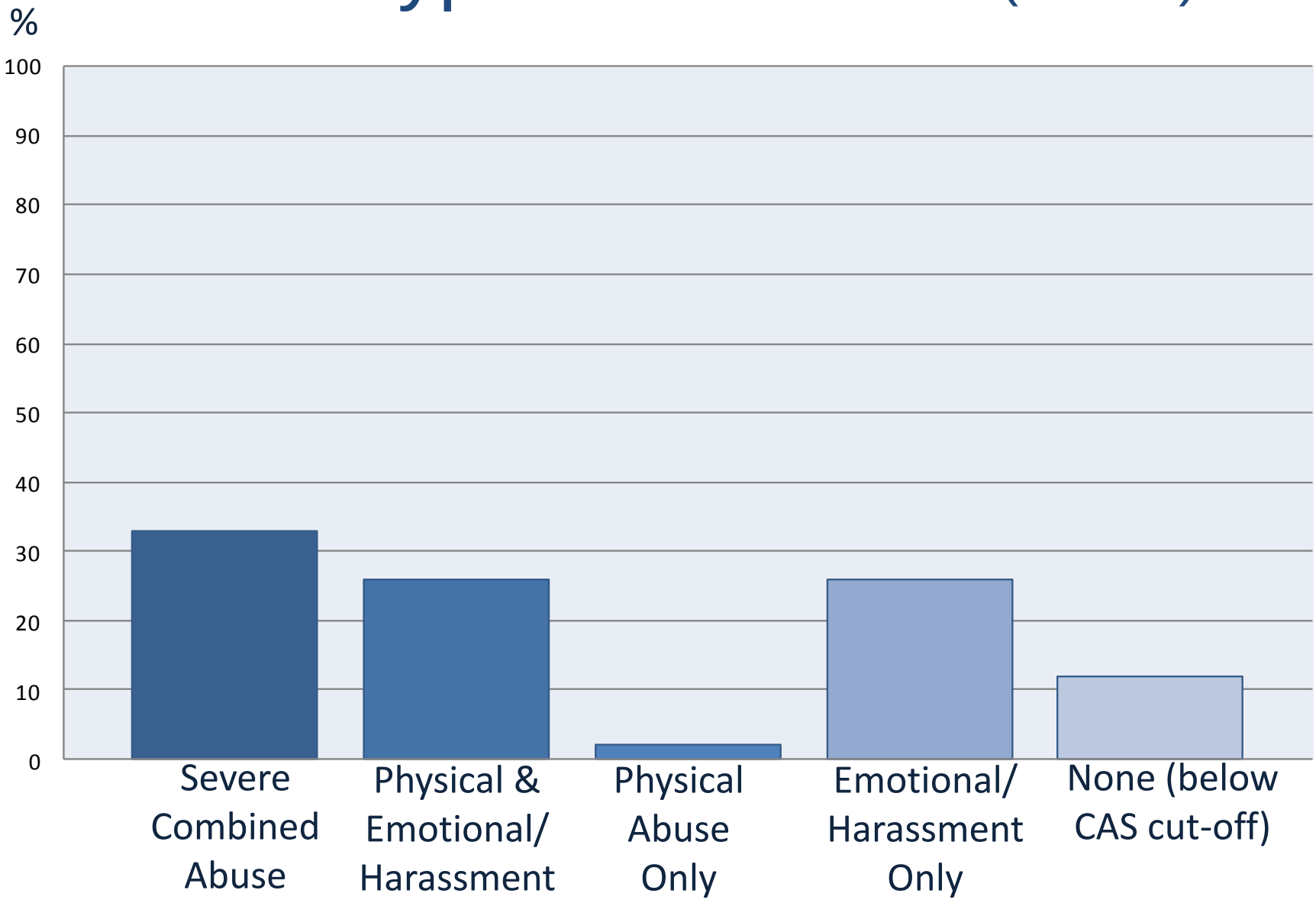
pushed, kicked, slapped, beaten up

Harassment (4 items)

followed, harassed at work, hung around



Abuse types at baseline (n=272)



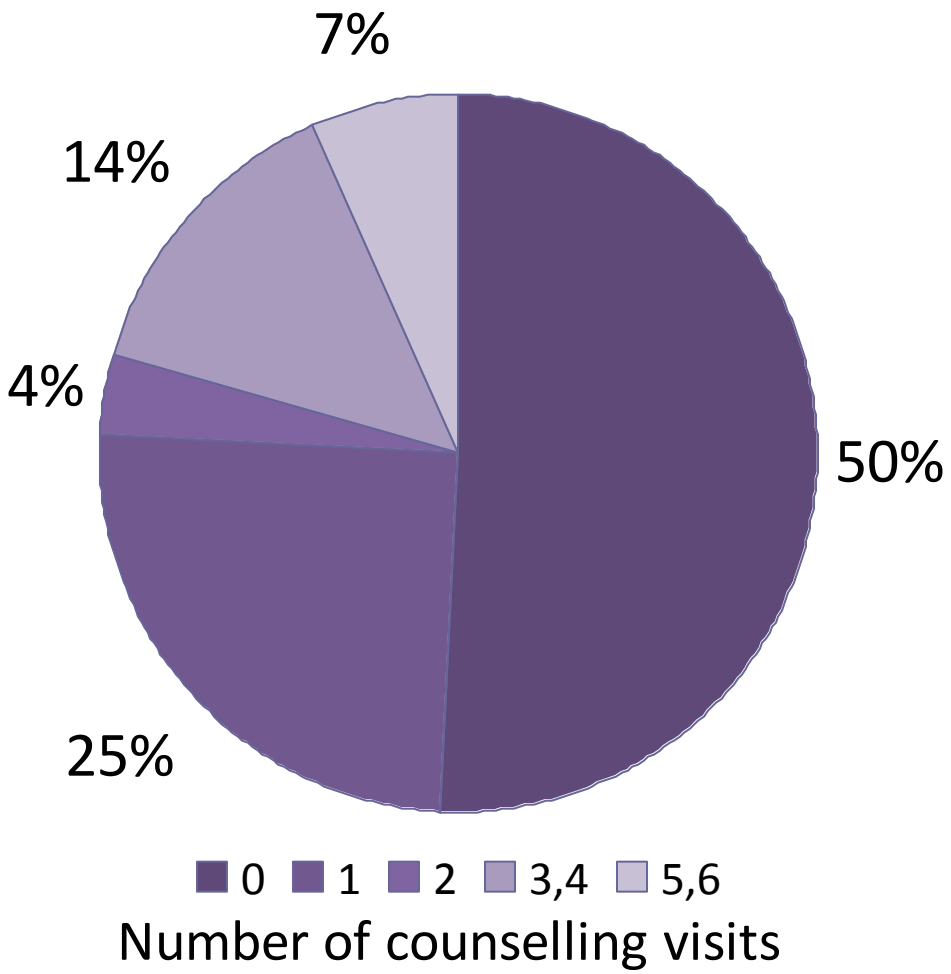
52 GPs & 272 women randomised

Intervention 25 GPs
137 women

Comparison 27 GPs
135 women

Who took up offer of counselling?

(intervention group n=137)



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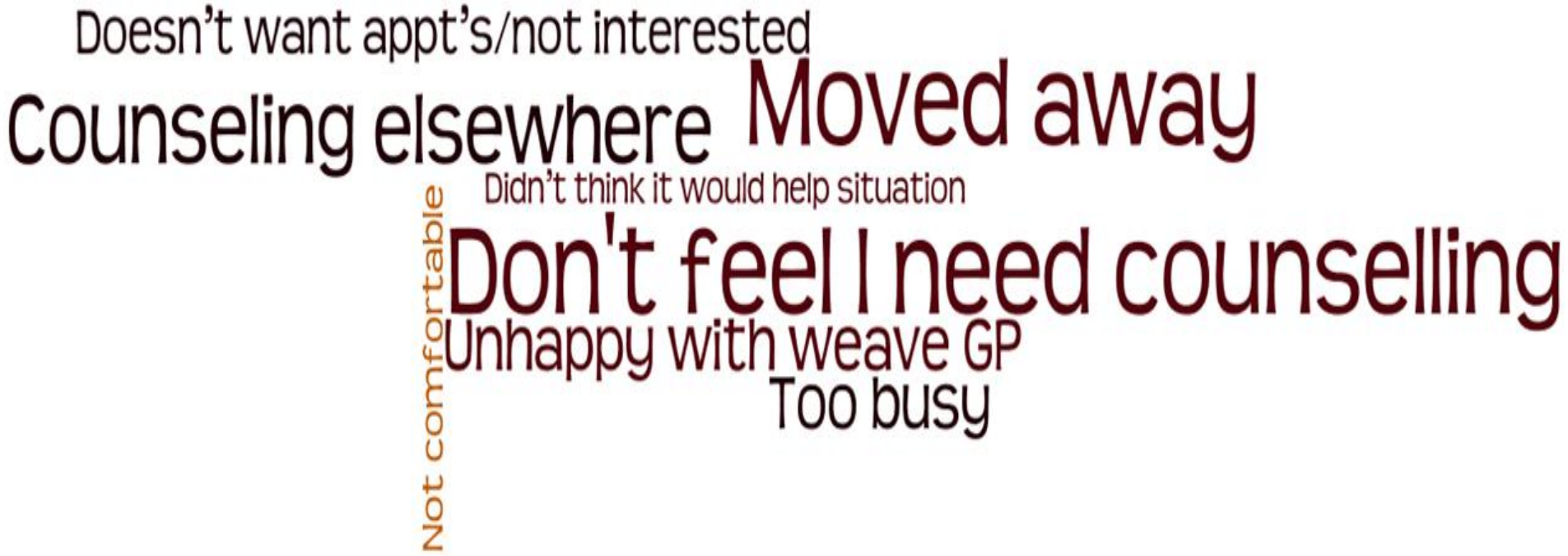
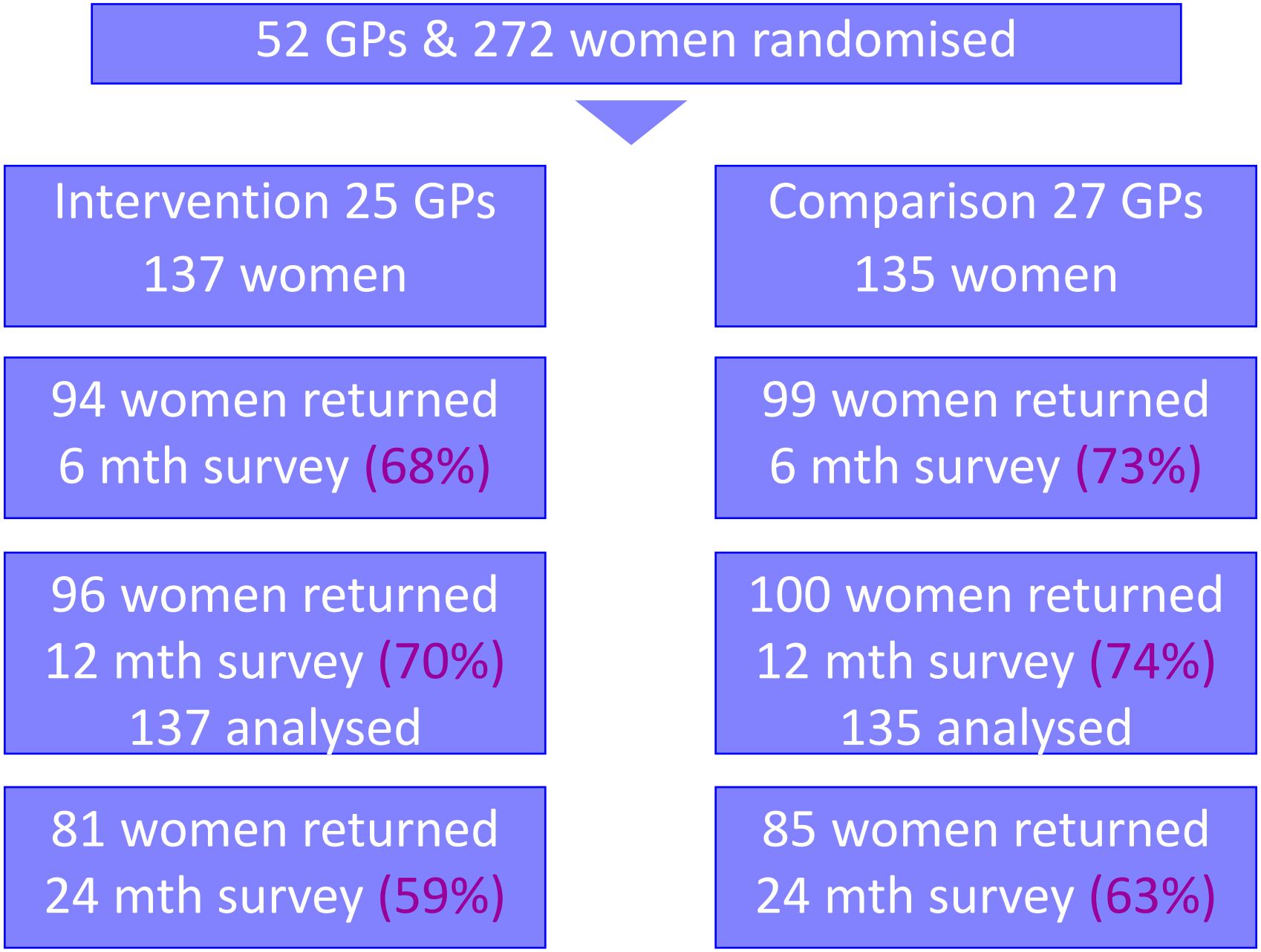
Reasons for declining counselling

(n=41)



On my side
Medication
Stress reduction
Future planning
Improve Self Esteem
Named abuse
Express feelings
Non judgemental listening


52 GPs & 272 women randomised
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
81 women returned
24 mth survey (59%)
85 women returned
24 mth survey (63%)

Primary outcomes

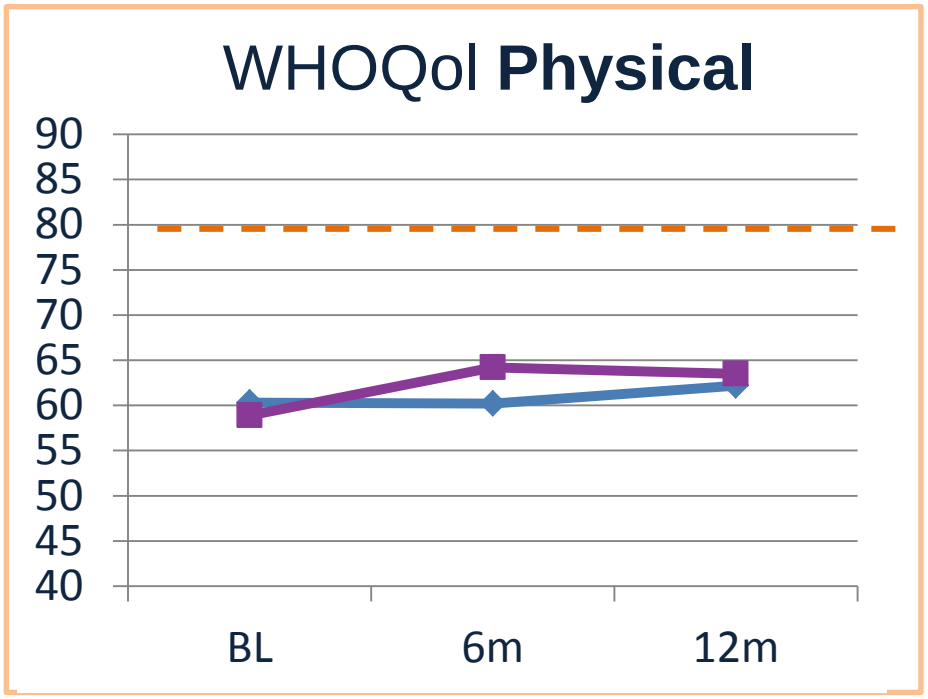
Primary outcome variables:

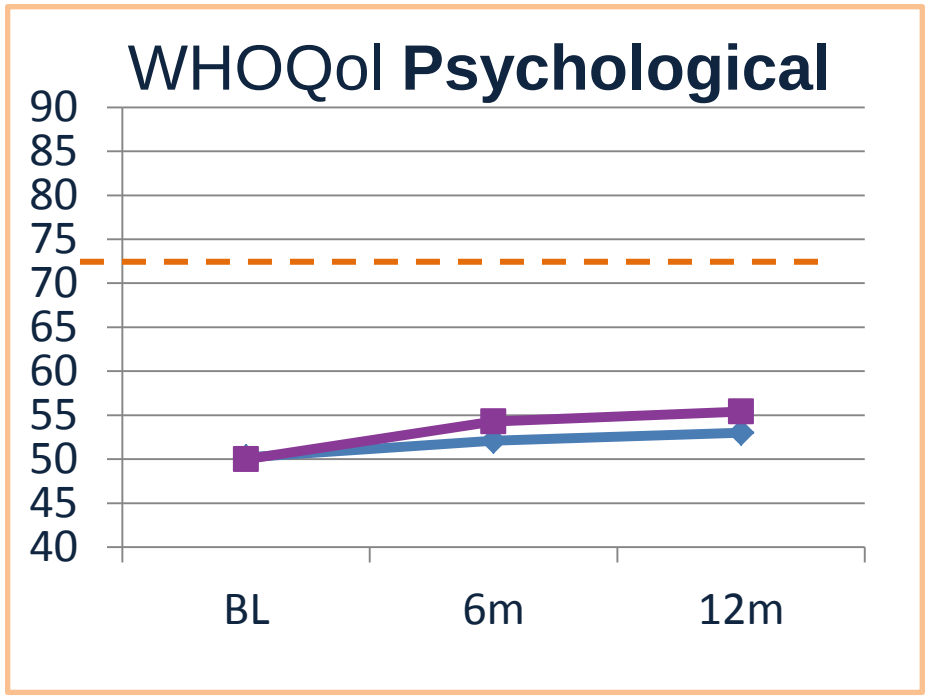
- WHOQOL-Bref Physical, Psychological, Social, Environmental
- SF12 Mental Health
- Safety plan (% of women who ever had one)
- Number of safety behaviours

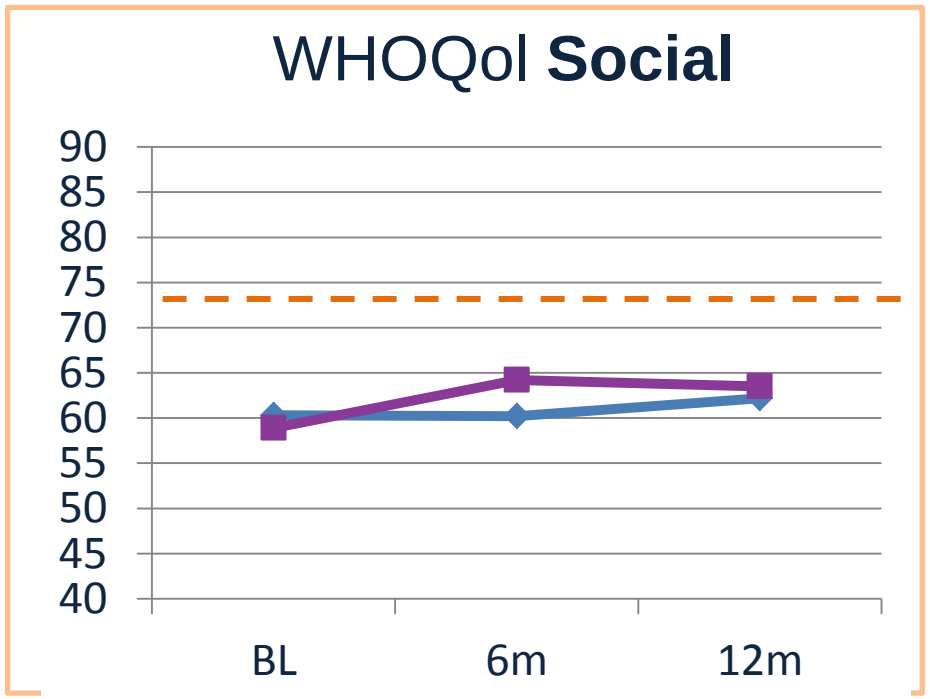
All analyses allowed for correlation for women attending same GP AND Adjusted for **baseline** outcomes, **practice** location (stratification variable), **missing responses** at 6 and 12 months

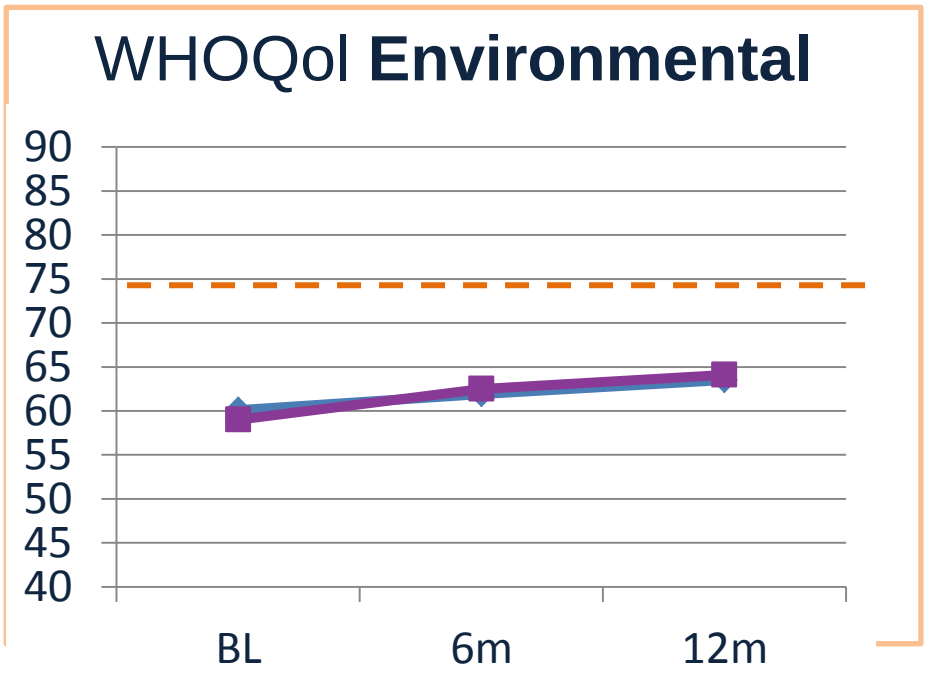
Primary outcomes

	Intervention	Comparison		
Outcome	**Mean**	**Mean**	**Diff**	**95% CI**
QOL Physical	63.5	62.2	2.7	-1.4, 6.8
QOL Psychological	55.4	53.0	2.3	-1.5, 6.1
QOL Social	54.9	52.4	2.1	-4.3, 8.5
QOL Environment	64.1	63.5	1.9	-1.7, 5.5
SF12 Mental Health	41.0	38.4	2.4	-1.7, 5.5
Outcome	**%**	**%**	**OR**	**95% CI**
Safety plan	43.1	30.9	1.7	0.8, 4.0


WHOQol Physical
90
85
80
75
70
65
60
55
50
45
40
BL
6m
12m


WHOQol Psychological
90
85
80
75
70
65
60
55
50
45
40
BL
6m
12m


WHOQol Social
90
85
80
75
70
65
60
55
50
45
40
BL
6m
12m


WHOQol Environmental
90
85
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70
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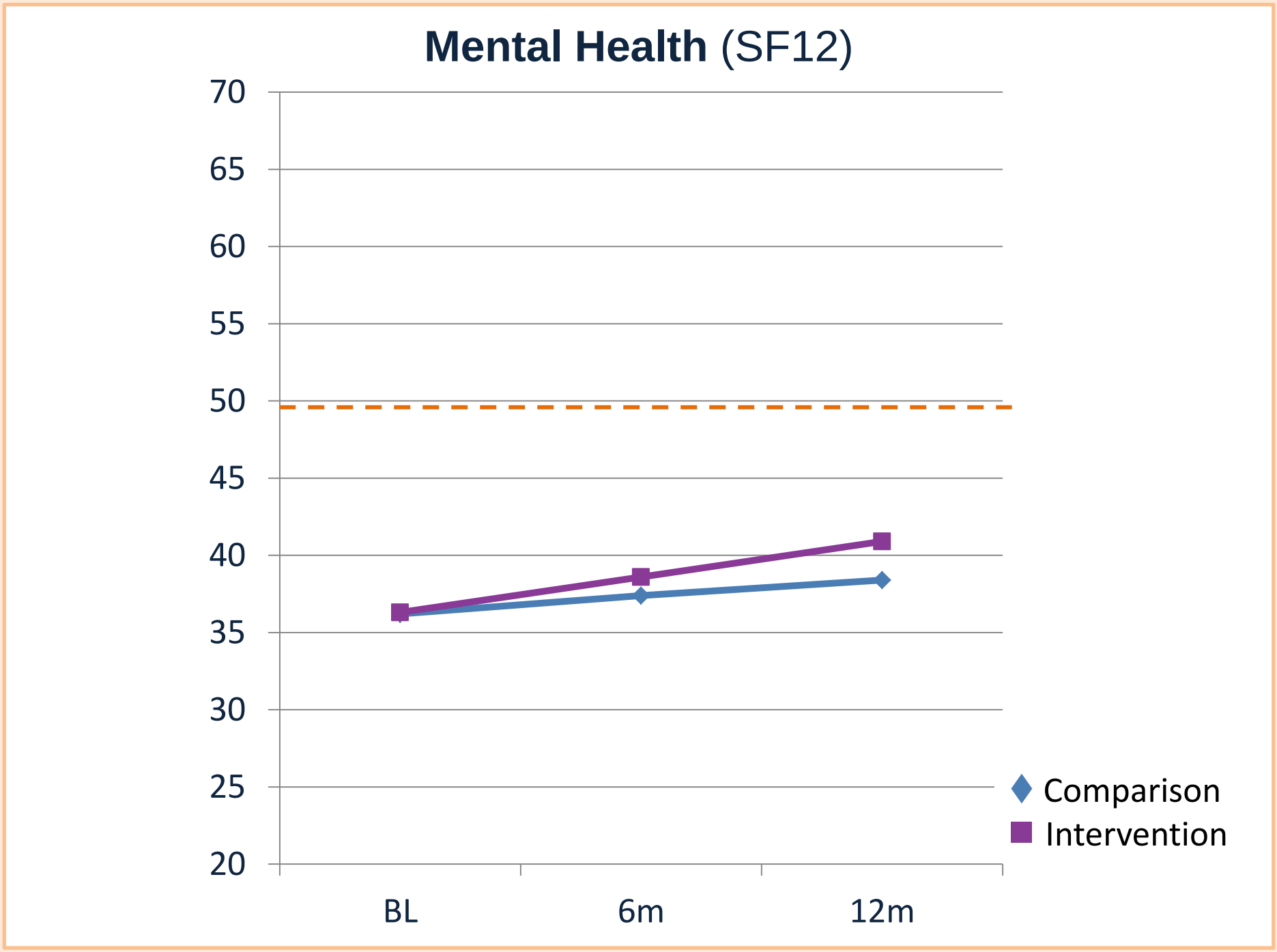
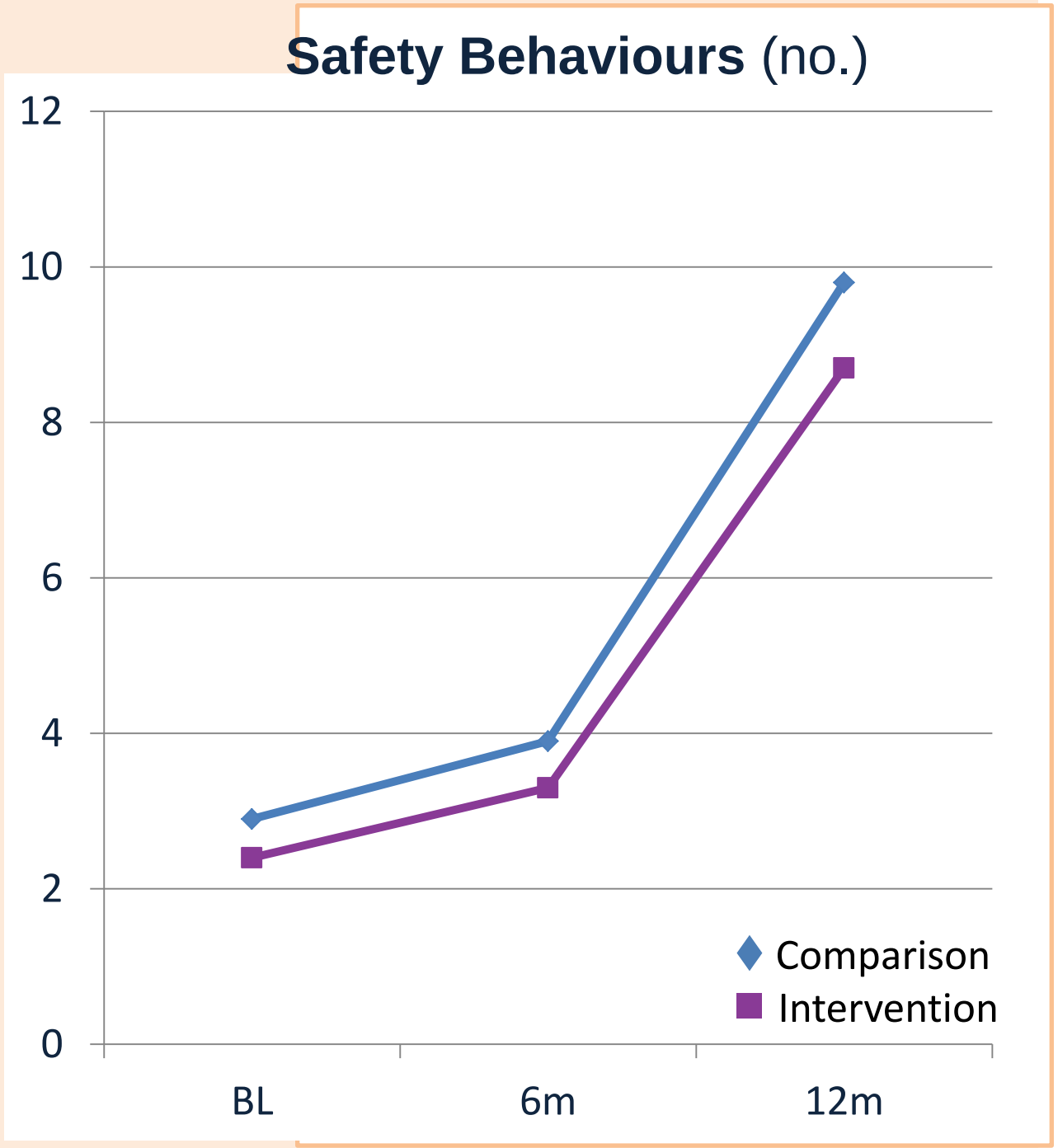
55
50
45
40
BL
6m
12m


Mental Health (SF12)
70
65
60
55
50
45
40
35
30
25
20
BL
6m
12m
Comparison
Intervention


Safety Behaviours (no.)
12
10
8
6
4
2
0
BL
6m
12m
Comparison
Intervention

Secondary outcomes

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

Secondary outcomes

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

Limitations

External validity

- More likely female GPs
- Who have we missed out on?
  - CALD women and Indigenous women
  - Low return on screening surveys (29%) meta analysis of screening studies (Stayton, 2005)

Transferability

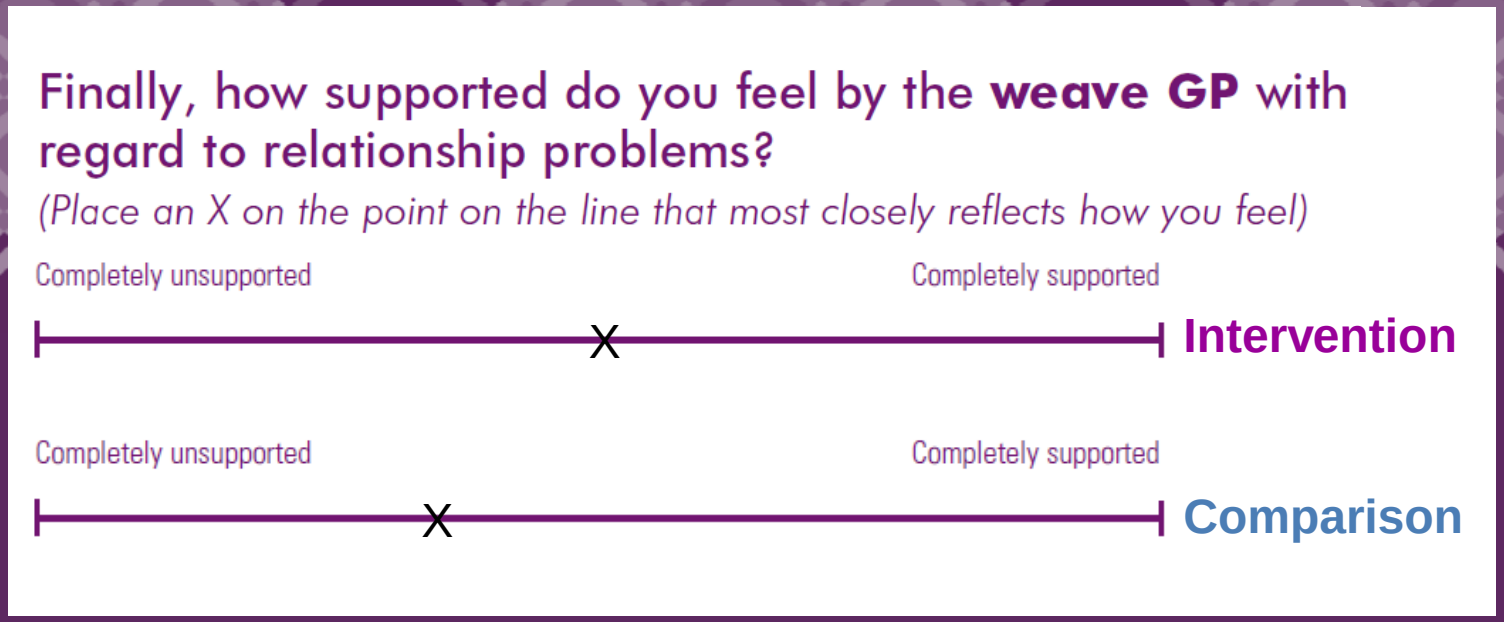
- computer listing of patients seen last year
- mail-out by staff didn't work well -?use waiting room or computers
- Need for subsidised longer appointments

Strengths & challenges

- Cluster trial design, achieved sample size
- Active withdrawal 9%
- Baseline measures balanced

- Training moderately resource intensive
- Low uptake of intervention but similar to Kiely trial
- Effect of surveys

Other findings- GP Support

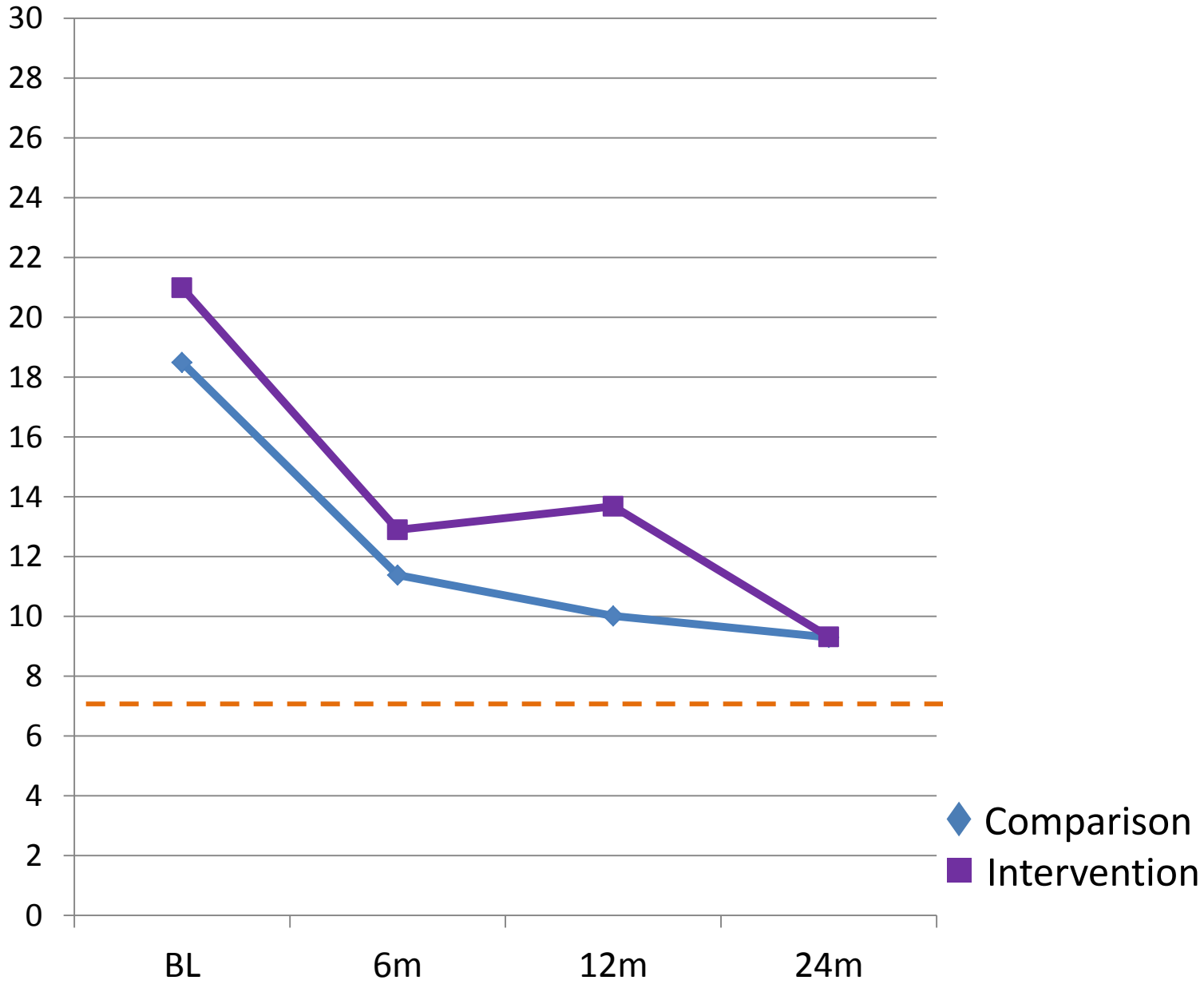


Adj. mean diff 16.0 (3.4, 28.7)

Current analyses

- Pathway analyses- GP support and Self efficacy mediates relationship between intervention and depressive symptom outcome
- Self Efficacy increase associated with movement on Stage of change (pre/contemplative to prep/action to maintenance)
- Sub analyses- group who went better depression outcomes
- Economic analyses
- 24 month analyses with imputation

24 month Composite Abuse Scale Score



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

Does not improve women's quality of life and mental health at 1 year, BUT does

Increase safety discussion with the GP and reduces depressive symptoms.

The *weave* intervention looks promising with a need for further development and testing in other health care settings.

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Other research

- Process evaluation interviews randomly selected from intervention and comparison groups - Lorna O'Doherty
- GP's Readiness to change – Traci Leung, change in the group who received training on their preparedness score PREMIS and interviews
- Harm/Benefit across groups (COST tool MacMillan 2009)- Abigail Cini, Jodie Valpied

What the GP did.....

She started to understand when I was coming in and I was sick and stressed - the feeling of being able to acknowledge that actually it was abuse.

A relief finding out it wasn't me, these situations weren't normal.

She encouraged me to take time for myself.

I think because I'd been seeing the *weave* GP for so many years it made it a lot easier for me to open up.

Just talking, allowing me to release built up emotions, reassurance & assistance

Effect of baseline survey (n= 272)

Spangaro (2010)

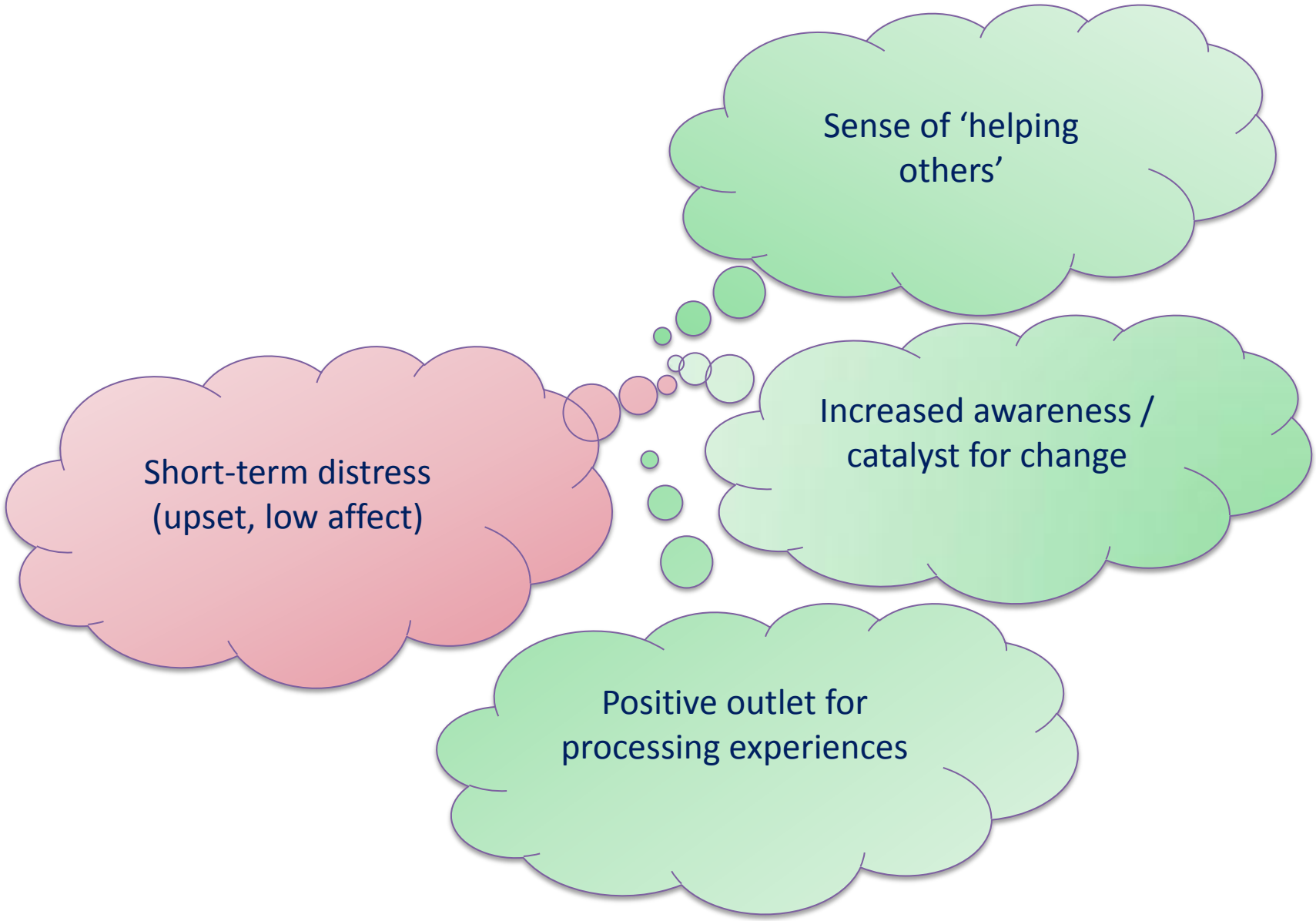
Harm

- 1% (3) ‘home life more difficult’ and
- 6% (18) ‘feelings about myself somewhat worse’

Benefit

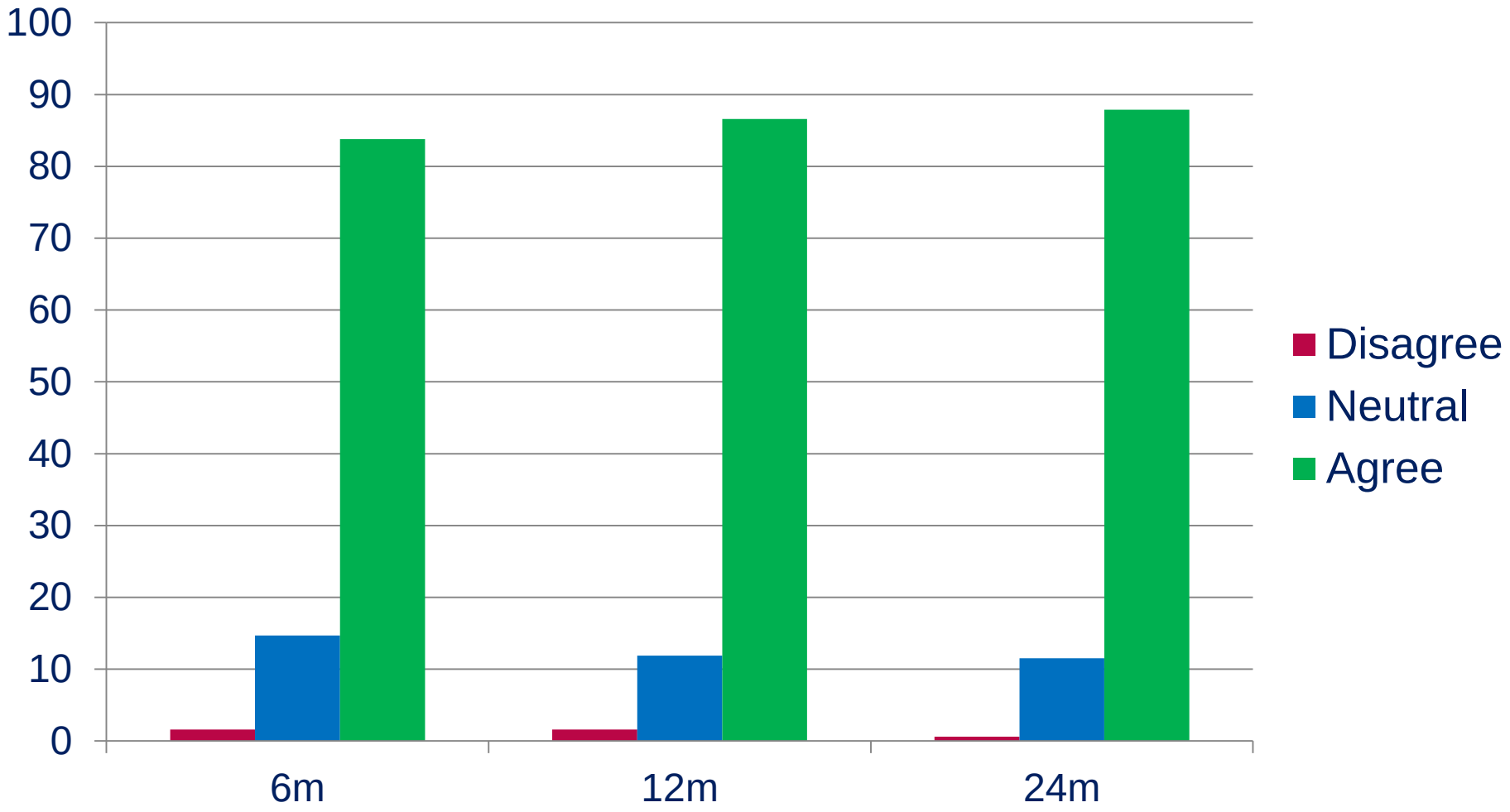
- 45% (122) increased ‘own awareness of issues’ and
- 43% (120) ‘open to getting support for possible problems’

Findings: Emerging themes



Findings: Overall impact

I am glad to be a participant in the weave project.



Findings: Overall impact

We believe it is important to understand the positive and negative effects of our project on the women who participate. Overall, how harmful or beneficial have you found the weave project to you? *(Please place an X on the point on the line that most closely reflects how you feel)*

Implications for future research

- Avoid use of baseline surveys comparison arm
- ‘whole of practice’ training so more options for women e.g. All GPs, nurses, allied health
- Add question about who would like help with the relationship issue?
- Computerised responses to women e.g.

  I-DECIDE
- Development of whole of family interventions- men and children

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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weave

MONASH University

VICTORIA UNIVERSITY

LA TROBE UNIVERSITY

Barts and The London

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