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

Kelsey Hegarty, Lorna O’Doherty, Angela Taft, Patty Chondros, Stephanie Brown, Jodie Valpied, Jill Astbury, Ann Taket, Lisa Gold, Gene Feder, Jane Gunn

Primary Care Research Unit, The University of Melbourne
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)
Intervention evidence


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

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

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

<table>
<thead>
<tr>
<th></th>
<th>None of the time</th>
<th>A little of the time</th>
<th>Some of the time</th>
<th>Most of the time</th>
<th>All of the time</th>
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</thead>
<tbody>
<tr>
<td>Wanting to cut down on your smoking</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Feeling down, depressed or hopeless</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Being afraid of your partner or ex-partner</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Feeling you couldn't control what or how much you eat</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Wanting to cut down on your alcohol intake</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Wanting to do more physical activity</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Worrying a lot about everyday problems</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Wanting to cut down on your drug use</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
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
Psychosocial Readiness Model
Chang (2010)

Self-efficacy/power

Positive external factors
Perceived support

Negative external factors
Awareness
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)

- Severe Combined Abuse: 30%
- Physical & Emotional/Harassment: 20%
- Physical Abuse Only: 5%
- Emotional/Harassment Only: 15%
- None (below CAS cut-off): 10%
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)

- 50% visited 0 times
- 25% visited 1 time
- 14% visited 2 times
- 7% visited 3 or 4 times
- 4% visited 5 or 6 times
- 7% visited more than 6 times
Reasons for declining counselling
(n=41)

- Doesn't want appointments/not interested
- Counseling elsewhere
- Moved away
- Didn't think it would help situation
- Don't feel I need counselling
- Unhappy with GP
- Too busy
- Not comfortable
52 GPs & 272 women randomised

Intervention 25 GPs
137 women
94 women returned
6 mth survey (68%)
96 women returned
12 mth survey (70%)
137 analysed
81 women returned
24 mth survey (59%)

Comparison 27 GPs
135 women
99 women returned
6 mth survey (73%)
100 women returned
12 mth survey (74%)
135 analysed
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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Intervention</th>
<th>Comparison</th>
<th>Diff</th>
<th>95% CI</th>
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<tbody>
<tr>
<td>QOL Physical</td>
<td>63.5</td>
<td>62.2</td>
<td>2.7</td>
<td>-1.4, 6.8</td>
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<tr>
<td>QOL Psychological</td>
<td>55.4</td>
<td>53.0</td>
<td>2.3</td>
<td>-1.5, 6.1</td>
</tr>
<tr>
<td>QOL Social</td>
<td>54.9</td>
<td>52.4</td>
<td>2.1</td>
<td>-4.3, 8.5</td>
</tr>
<tr>
<td>QOL Environment</td>
<td>64.1</td>
<td>63.5</td>
<td>1.9</td>
<td>-1.7, 5.5</td>
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<tr>
<td>SF12 Mental Health</td>
<td>41.0</td>
<td>38.4</td>
<td>2.4</td>
<td>-1.7, 5.5</td>
</tr>
<tr>
<td>Safety plan</td>
<td>43.1</td>
<td>30.9</td>
<td>1.7</td>
<td>0.8, 4.0</td>
</tr>
</tbody>
</table>
Mental Health (SF12)

Comparison

Intervention

BL 6m 12m
Comparison

Intervention

Safety Behaviours (no.)
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
<table>
<thead>
<tr>
<th>Secondary outcomes</th>
<th>Intervention</th>
<th>Comparison</th>
<th>OR</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome (12 months)</strong></td>
<td></td>
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<tr>
<td>Depression caseness</td>
<td>37.6</td>
<td>58.0</td>
<td>0.3</td>
<td>0.1, 0.7 **</td>
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<tr>
<td>Anxiety caseness</td>
<td>59.3</td>
<td>68.2</td>
<td>0.4</td>
<td>0.2, 1.2</td>
</tr>
<tr>
<td>Comfort to discuss</td>
<td>62.1</td>
<td>64.7</td>
<td>0.9</td>
<td>0.5, 1.7</td>
</tr>
<tr>
<td><strong>Outcome (6 months)</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>GP Inquiry about Woman’s Safety</td>
<td>32.4</td>
<td>13.2</td>
<td>5.1</td>
<td>1.9, 14.0 **</td>
</tr>
<tr>
<td>GP Inquiry about Child’s Safety</td>
<td>34.9</td>
<td>17.9</td>
<td>5.5</td>
<td>1.6, 19.0 **</td>
</tr>
</tbody>
</table>
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

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

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<table>
<thead>
<tr>
<th>Intervention</th>
<th>Comparison</th>
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</table>

- Completely supported

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
Comparison
Intervention

24 month Composite Abuse Scale Score

BL 6m 12m 24m
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.
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
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

- Short-term distress (upset, low affect)
- Sense of ‘helping others’
- Increased awareness / catalyst for change
- Positive outlet for processing experiences
I am glad to be a participant in the weave project.
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)*

Harmful

[12m]

Beneficial

[24m]
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
Kelsey Hegarty
k.hegarty@unimelb.edu.au
Primary Care Research Unit