

**The Health Sector Response to Violence Against Women: Evidence-Based Approaches to Identifying Abused Women in Health Care Settings**

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**Objectives**

- To provide an overview of the Violence Against Women (VAW) research program on effectiveness of screening for VAW in health care settings
- To provide results of the "testing trial" of approaches to screening in various health care settings.

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**Presentation Outline**

- Background
  - Identification of violence against women
  - Universal screening vs. case finding
  - Interventions for VAW
- VAW research program
  - Overview
  - "Testing trial"
- International context
- Selected resources

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**Background**

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**Definition**

For the current research:

Domestic violence against women is male to female intimate partner violence including physical, sexual, emotional, verbal and financial abuse.

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**Impairment**

- Up to 1/3 of Canadian women report some form of lifetime physical or mental abuse
- 1 in 10-12 are abused in any given year\*
- Abused women at ↑ risk of
  - physical injury and death
  - emotional disorders, substance dependence, depression, suicidality, PTSD

*Plus for pregnant women:*

- pre-term birth
- low birth weight

\*data from community samples; rates from clinical samples generally higher

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## Universal Screening

*"standardized assessment of patients, regardless of their reasons for seeking medical attention"* (Cole, JAMA 2000, 284; p. 551)

- Many screening tools are available for various settings, and for pregnant women
- They usually measure self-reported frequency, severity and type of abuse (lifetime or current)
- Many perform reasonably well in identifying women who have been abused

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## Case Finding

- Ask women presenting with specific signs, symptoms or risk indicators of abuse
  - injuries consistent with abuse
  - unexplained somatic complaints, depression, etc.
- Also called the "diagnostic method"
- Part of good clinical care

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## Key Differences

- Universal screening
  - All women
  - Asymptomatic for abuse
  - No clinical indication to ask
- Case finding
  - Women with clinical signs and symptoms
  - Clinical indication for further asking and diagnostic assessment

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## Health care interventions

- Onsite counselling or treatment
- Referral to offsite counselling, treatment or other community resources, including shelters
- Couples treatment
- Batterer treatment

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## Evidence to date

- Three recent evidence-based syntheses\* have found that most interventions have not been adequately evaluated to determine effectiveness in reducing violence or improving life quality
- There is no evidence evaluating onsite health care services for abused women.

\* US Preventive Services Task Force, Canadian Task Force on Preventive Health Care; Ramsay et al., BMJ 2002; 325:314-327

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## Evidence, cont.

- Shelters have not been adequately evaluated for their ability to reduce re-abuse, or the potential for leading to reprisal violence against women who have to return home
- Structured post-shelter advocacy counseling is effective in reducing re-abuse (fair evidence)
- The evidence for treating batterers or couples is mixed, but not promising

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### Potential Harms

No studies of either screening or interventions to reduce violence have evaluated the potential harms that might arise from intervening, including:

- Involvement of child protection agency in a way that puts children and women at greater risk
- Reprisal violence against women who seek or obtain relief from abuse
- Other forms of emotional, financial or other hardship resulting from seeking help

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### Bottom line

- Screening can identify women who are abused, but interventions available through health care have not been proven effective
- Universal screening is different from case-finding/diagnosis
- Non-evidence based guidelines generally favor screening, based on the prevalence and consequences of abuse
- Evidence-based assessments find insufficient evidence to determine whether screening does more good than harm

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### VAW Research Program

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Funded by the Ontario Women's Health Council, Ontario Ministry of Health and Long-Term Care

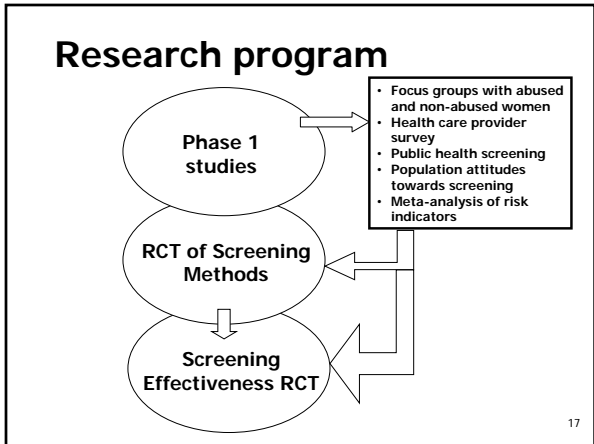
### VAW Research Team

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### Overall Objective

Answer the question:

*Does universal screening for VAW in health settings do more good than harm?*

By testing the effectiveness of universal screening vs. no screening in:

- reducing violence and improving life quality
- balanced against potential harms

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## RCT of Screening Methods ("Testing Trial")

In four types of health care setting, test:

1. The best of three screening methods
  - Paper-pencil (PP)
  - Face-face (FF) with health care provider
  - Computerized (C) (tablet PC)
2. The better of two screening tools
  - Partner Violence Screen (PVS)
  - Woman Abuse Screening Tool (WAST)

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## Settings

Acute care:

- Norfolk General Hospital Emergency Department (Simcoe)
- Cambridge Memorial Hospital Emergency Department

Primary care:

- Carlisle Medical Centre (Hamilton)
- Victoria Family Medical Centre (London)

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## Settings, cont.

Specialty care:

- London HSC Obstetrics Clinic
- Hamilton HSC Obstetrics & Gynecology Colposcopy Clinic

Community:

- Hamilton Public Health Unit, Parent and Child Branch
  - Public Health Nurse home visits

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## Measures

- Partner Violence Screen (PVS) 3 items
- Woman Abuse Screening Tool (WAST) 8 items
- Composite Abuse Scale (CAS) "gold standard" 30 items
- Participant evaluation of PVS and WAST (8 items, after each tool)
- Participant evaluation of screening method (3 items)

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## Methods

- Women aged 18 – 64
- PVS & WAST administered in PP & C; one or the other in FF
- All self-completed CAS
- Administration method randomized by day (and shift, in ED)
- Randomly ordered: PVS or WAST first
- Target sample size: 246 per group per care type\* (2214 total)

\*Not including Public Health 23

## Results

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### Summary of Key Findings

- Paper-pencil based screening most preferred by women
- Prevalence of abuse disclosure of ~10% is somewhat lower than anticipated for clinical settings
- Screening tools get at different aspects of abuse, therefore variability in sensitivity and specificity
- Public health nurse home visits are not "screening" opportunities

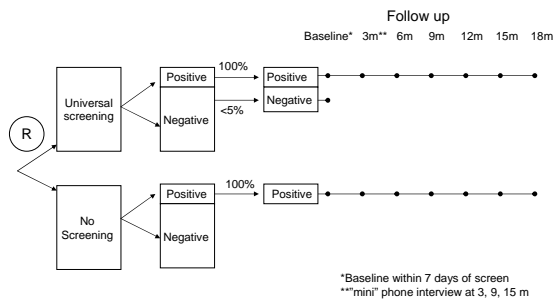
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### Implications for Main RCT

- WAST delivered paper & pencil
- 10% prevalence rate means screening thousands of women to identify and follow hundreds who have been abused in past 1 year
- Public health setting reconsidered – exclude nurse home visits (qualitative research underway to explore what happens in this context)

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### RCT design



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### International context

- Evaluating the Effectiveness of Intimate Partner Screenings Expert Panel Meeting Feb 15, 2005 organized by CDC
- Follow-up letter to that meeting outlined conclusion that RCT design is best way to determine effectiveness of screening for intimate partner violence

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### Related Publications

Wathen, CN & MacMillan, HL. Interventions for violence against women: Scientific review. JAMA 2003; 289(5): 589-600.

MacMillan, H.L., Wathen, C.N. Violence against women: Integrating the evidence into clinical practice. CMAJ 2003;169(6): 570-571.

Wathen, C.N., MacMillan, H.L. and the Canadian Task Force on Preventive Health Care. Prevention of violence against women: Recommendation statement from the Canadian Task Force on Preventive Health Care. CMAJ 2003;169(6):582-584.

Taket, A., Wathen, C.N., MacMillan, H.L. Should health professionals screen all women for domestic violence? PLoS Med 2004;1(1):7-10 (e4-e9 online).

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[www.fhs.mcmaster.ca/vaw](http://www.fhs.mcmaster.ca/vaw)

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**V**iolence against women  
Testing the effectiveness of screening

Home	If, When and How to Ask the Questions: Assessing Screening Approaches to Identifying Woman Abuse in Health Care Settings.
Background	
Projects	This is an integrated, multi-disciplinary program of research which looks at the effectiveness of screening in reducing violence and improving the quality of life for women and their children. There are a number of individual projects to address these objectives.
People	
Reports	
Research	It is funded by the <a href="#">Ontario Women's Health Council</a> , and began in March 2003.
Contact Us	
Members Area	The program is headquartered at the <a href="#">Oxford Centre for Child Studies</a> , Department of <a href="#">Psychiatry &amp; Behavioural Neurosciences</a> at <a href="#">McMaster University</a> .

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