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AVA Research Review

ADVANCING HEALTH EDUCATION & RESEARCH

Review Title: Primary Care-Based Interventions for Intimate Partner Violence

Reviewer: Diane M, Schadewald, DNP, MSN, RN, APNP, WHNP-BC, FNP-BC, University of Wisconsin-Milwaukee

Article: Bair-Merritt et al. (2014) Primary Care-Based Interventions for Intimate Partner Violence. *American Journal of Preventive Medicine*, 46 (2) 188-194.

Article Summary:

This systematic review provides an overview of factors associated with interventions implemented in the primary care setting to address intimate partner violence (IPV). The reviewers cast a wide net with their initial search. The search included using bibliographies of related review articles, recommendations of senior IPV researchers and search of

PubMed, CINAHL, and PsychINFO databases through September of 2012. More than 2000 articles were initially identified. Eligibility criteria for review included peer-reviewed research associated with visits to a primary care provider, delivery of an intervention rather than just screening or referral, involvement of primary data collection or existing data set analysis, testing of a patient-focused IPV intervention, and quantitative assessment of patient outcomes. Only seventeen articles met the eligibility criteria in a subset of 80 articles whose full text was reviewed.

The majority of the studies (14) were implemented in the United States. Sample sizes ranged from 18 to over 2500. A randomized design was used in the majority of studies (61%). All of the studies focused on women as subjects. The majority of studies recruited participants from

sites that delivered reproductive services. Interventions were either delivered in the clinic or referred to outside resources. Most of the interventions were brief and delivered by someone other than the primary care provider. The content of the interventions centered on discussion of cycles of violence, promotion of safety, and referrals to community resources focused on IPV and/or general socioeconomic needs. A few of the studies also screened for other risk factors and adapted their interventions to address these issues. Outcomes measured by the studies were categorized as reduction of reports of IPV, improvement of various aspects of physical and emotional health, use of safety-promoting behaviors, and use of community resources/referrals. Successful interventions were team-based and brief with a focus on access to IPV resources, as well as development of self-efficacy and a sense of being empowered.

Relevant findings from the review supported the Institute of Medicine (IOM) and United States Preventive Services Task Force (USPSTF) recommendations for involvement of primary care providers in identifying and initiating interventions for those experiencing IPV.

Patients also received some benefit from the initiation of interventions in primary care settings. Furthermore, intervention in the primary care setting involving a team-based approach fits well with new models of care delivery. As most of the interventions were brief, delivery in a busy primary care setting was deemed feasible. A gap identified by Bair-Merrit and colleagues (2014) is that none of the studies were based in a pediatric setting. Pediatric settings are frequented by women bringing in their children for well and sick visits and may also be a very appropriate setting for IPV interventions. Further study is recommended to identify which interventions are most effective for whom, how to replicate, how to impact other risk behaviors and what other measures, such as health care costs or child outcomes, should also be measured.

Reviewer's Comments:

The authors of this systematic review were very diligent in their search for literature available on primary care-based IPV interventions through 2012 and have provided a good summary of the findings. Limitations of the article include lack of details about interventions and, most importantly, how they were delivered. It would have

been helpful to have a table within the article that categorized the various interventions and delivery methods used. Perhaps the interventions and delivery methods used were too varied to make this feasible. Specifics about interventions for each study are located in Appendix A, which is associated with the article, and needs to be accessed as a separate download. This reviewer recommends reading Appendix A prior to reading the article for those who are looking for a broader understanding of how others have implemented IPV interventions in the primary care setting.

Since this systematic review has been published a debate has arisen about whether or not IPV interventions can be successfully implemented in the primary care setting (Hegarty, Taft, James-Hanman, Johnson, & Feder, 2015; Rees & Silove, 2014, 2015). A randomized control trial based in Australia (WEAVE) and implemented in the primary care setting found no difference in quality of life, safety planning and behavior, or mental health between treatment and control group, but did find a decrease in report of depressive symptoms for the treatment group (Hegarty et al., 2013). The results of the WEAVE study sparked the debate, which

appears to be ongoing. The Bair-Merritt, et al. article has been cited several few times in support of use of primary care-based interventions (Hegarty, Taft, James-Hanman, Johnson, & Feder, 2015; Miller, McCaw, Humphreys & Mitchell, 2015; Wendling, A. 2015).

References:

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2. Hegarty, K., Taft, A., James-Hanman, D., Johnson, M., & Feder, G. (2015) Interventions for intimate partner violence. *The Lancet*, 385, 111.
3. Miller, E., McCaw, B., Humphreys, B. L., & Mitchell, C. (2015) Integrating intimate partner violence assessment and intervention into healthcare in the United States: A Systems approach. *Journal of Women's Health*, 24, (1) 92-99.
4. Rees, S., & Silove, D. (2014) Why primary health-care interventions for intimate partner violence do not work. *The Lancet*, 384, 229.
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