Patient Opinions of Screening for Intimate Partner Violence

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Primary Objective: Our primary objective is to determine if it is acceptable to patients in the trauma clinic for orthopaedic/trauma surgeons, orthopaedic/trauma nurses, and/or social workers in the trauma clinic to screen for IPV.Secondary…

Ethical review	Approved WMO
Status	Pending
Health condition type	Other condition
Study type	Observational non invasive

Summary

ID

NL-OMON36474

Source
ToetsingOnline

Brief title
P.O.S.I.T.I.V.E.

Condition

- Other condition
- Bone and joint injuries

Synonym
Abuse, Intimate Partner Violence (IPV)

Health condition

Elk type traumatisch letsel gepresenteerd op de SEH (vb. contusies, distorsies, fracturen, (brand)wonden)

Research involving
Human

Sponsors and support

Primary sponsor: Academisch Medisch Centrum
Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: Abuse, Intimate Partner Violence (I.P.V.), Surgery, Trauma

Outcome measures

Primary outcome

Our primary questionnaire is a self-report written questionnaire developed by the IVP study group of the McMaster University. Methodological and IPV experts were consulted in the development of the questionnaire.

Our primary parameter is to assess the patient*s opinion of screening both men and women for IPV in the fracture clinic, who should perform the screening, how screening should occur, and who should be screened.

Secondary outcome

The questionnaire will also record the characteristics of the patients, including age, income, education, race/ethnicity, marital status, sexual orientation, and length of relationship. We will also record the type of injury for which the patient is being treated.

Study description

Background summary

Intimate partner violence (IPV) is described by the American Medical Association as *a pattern of coercive behaviors that may include repeated battering and injury, psychological abuse, sexual assault, progressive social

isolation, deprivation, and intimidation*. The long-term consequences of IPV include health risks, posttraumatic stress disorder, depression, and staggering economic costs for health care of victims. Victims of IPV make more use of healthcare than woman who are not involved in IPV.

A survey in 1992 showed that 21% of women in the Netherlands have experienced physical or sexual violence in a marital or common-law union. In half of these women it concerned severe physical violence in the current relationship. The Journal of Trauma reports that the cumulative lifetime prevalence of domestic violence for women admitted to the emergency department is 54%.

However, IPV is underreported among women who seek medical attention. The American College of Surgeons position statement on IPV states that surgeons have the responsibility to identify IPV and appropriately treat women at risk of further harm (The American College of Surgeons, 2008). We are currently conducting a study assessing prevalence of IPV in orthopedic and trauma clinics (PRAISE, MEC 10/042). A pilot study of the PRAISE, conducted in Ontario, suggests that the high prevalence of IPV in orthopedic trauma clinics warrants additional resources to identify and manage victims. We seek to assess the patients attitudes of screening for IPV in orthopedic fracture clinics to establish if and how patients consider it acceptable to screen for IPV in orthopedic and/or trauma clinics.

Study objective

Primary Objective:
Our primary objective is to determine if it is acceptable to patients in the trauma clinic for orthopaedic/trauma surgeons, orthopaedic/trauma nurses, and/or social workers in the trauma clinic to screen for IPV.

Secondary Objective(s):

- Whether screening male patients for IPV in the trauma clinic is acceptable to patients?.

- Who patients in the trauma clinic prefer to screened by for IPV (surgeons, nurses, social workers).

- How patients prefer screening to occur (what questions should be asked, where and when should screening occur, how long
should health care providers spend on screening etc.).

- Whether men*s attitudes about screening for IPV differ from women*s.

Study design

A cross sectional multicentre study will be performed wherein 750 women and men will complete a self-reported written questionnaire across three clinical sites in Canada, in the Academic Medical Center and Onze Lieve Vrouwe Gasthuis in Amsterdam.

Recruitment of 150 participants will take place at the trauma or orthopedic clinic at each clinical site. The questionnaires will contain a set of questions used to asses opinions towards screening for IPV, as well as questions pertaining to the participant*s demographics.

The measurement instruments that we have selected to use is a self-report written questionnaire developed by the McMaster University IPV study group and will be translated in Dutch. Methodological and IPV experts were consulted in the development of the questionnaire.

Study burden and risks

If screening for IPV in orthopedic and/or trauma clinics is acceptable to the majority of patients, this study will serve to advocate for the continued education of medical professionals to better recognize probable IPV cases and offer existing services to enhance the care of these patients. This is especially important because healthcare providers who receive education on screening and ways to care for IPV victims detect them more readily7. Furthermore, this study may encourage more open communication between orthopedic and/or trauma surgeons and their patients, as two major barriers to IPV detection are either the patient is never asked8 or the healthcare provider is reluctant to inquire9-11.

Harm for the individual will be minimized by respecting the participant*s privacy and affirming to him / her that the care she receives is in no way affected by her decision to participate or not participate in the study. Due to the nature of the research topic, care must be exercised when recruiting individuals to participate in the study. Although this study does not ask participants to disclose IPV, patients may be afraid of speaking about IPV for fear of retaliation from the offender, stigmatization, embarrassment, and police involvement7. Because of this fear, key ethical issues addressed in this study are
1) requirement for free and informed consent,
2) respect for privacy and confidentiality, and
3) maximizing benefit.

To maximize benefit, individuals who are approached to participate in the study will be offered information resources pertaining to IPV and contact information of local IPV services in the clinic area. Trauma clinic staff will also be aware of the study and will also be provided with these materials in the event that the individual approached would prefer to speak to her care provider(s)

about IPV instead of members of the study team.

Contacts

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

1) The patient presents to the outpatient trauma/orthopedic clinic for his/her own appointment.
2) The patient is 18 years of age or older.
3) The patient is able to read, understand, and write in Dutch or English.
4) The patient is being seen at the trauma or orthopedic outpatient clinic for the treatment of a traumatic injury.
5) The patient is able to separate him/herself from anyone who accompanied her to the trauma clinic in order to complete the questionnaire in privacy.

Exclusion criteria

1) The patient is considered too ill or injured to participate in the study.
2) The patient is cognitively impaired and unable to participate in the study.

Study design

Design

Study type: Observational non invasive

Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Prevention

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	04-05-2011
Enrollment:	300
Type:	Anticipated

Ethics review

Approved WMO

Application type:	First submission
Review commission:	METC Amsterdam UMC

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL34413.018.11