The prevalence of Intimate Partner Violence at a Dutch emergency department

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

Summary

ID

NL-OMON38505

Source
ToetsingOnline

Brief title
Prevalence of IPV at a Dutch ED

Condition

- Family issues

Synonym
assault, domestic violence, intimate partner violence

Research involving
Human

Sponsors and support

Primary sponsor: Universitair Medisch Centrum Sint Radboud
Source(s) of monetary or material Support: wetenschappelijke stage zonder financiële ondersteuning

Intervention

Keyword: Emergency Department, intimate partner violence, prevalence, The Netherlands

Outcome measures

Primary outcome

*What is the prevalence of Intimate Partner Violence among female patients aged

18 years and older who present themselves at the ED of the University Nijmegen

Medical Centre?*

Secondary outcome

- number of ED-visits last year;

- reason for encounter at the ED;

- self-perceived relation between experienced IPV and the reason of visit to

the ED

- demographic variables: age, marital status, children, living with a partner,

education, country of origin,

Study description

Background summary

Intimate Partner Violence (IPV) is a big public health problem in our society with high costs and negative consequences for the health. IPV is defined as *violence caused by a partner in an intimate relationship and consists of physical, mental and/or sexual abuse*. It is often poorly recognized by doctors. A Dutch study revealed that 30% of the women attending their general practitioner in Rotterdam ever experienced IPV. Migrants experienced IPV 1.5 times more often compared to native women. A study among women attending the out-patient clinic obstretrics-gynaecology of the University Nijmegen Medical Centre revealed that 23% ever experienced IPV. Studies abroad have proven that the prevalence of Intimate Partner Violence at emergency departments (EDs) is high (in the past 12 months: 7 - 21%, lifetime prevalence: 38 - 44%). However, there is little known about the prevalence of IPV at Dutch ED*s. In an

unpublished study of 2011, over 15% of the patients attending the ED of the Erasmus Medical Centre Rotterdam indicated having experienced violence in the last 24 hours or the past twelve months before the ED visit. Men as often as women indicated both being victimized the last 24 hours as in the last 12 months preceding the ED visit.

Study objective

We expect to determine the prevalence of IPV at the ED of University Nijmegen Medical Centre and to find specific characteristics of victims of IPV, like the complaints they present themselves with and their educational and geographic background and number of ED-visits last year. It*s important to know the magnitude of IPV to raise awareness in doctors en nurses, so that they will better recognize the presence of IPV and offer help.

Study design

Study design
A survey study is our choice of study design. A survey study fits our goal, which is determining the prevalence of IPV among women attending a Dutch ED.

Variables and measurement instruments
The main variable we will measure is the dichotomous variable *having experienced IPV*. We will obtain this data by using the Composite Abuse Scale (CAS). The Composite Abuse Scale (CAS) is a widely used self report of behaviours that women describe as abusive by their partners. It has recently been published in the Centers for Disease Control and Prevention compendium of intimate partner violence measures. It is an easily administered self- report measure that provides standardized sub scale scores on four dimensions of intimate partner abuse. It consists of 30 items presented in a six point format requiring respondents to answer *never*, *only once*, *several times*, *monthly*, *weekly* or *daily* in a twelve month period. The strength of the scale is the ability to measure different types and severity of abuse, although a limitation is the reduced number of sexual abuse items.

Other variables that we will include in our questionnaire are age, marital status, children, living with a partner, education, country of origin, reason for visiting the ED and numbers of visits to the ED. We also will ask whether, when there has been violence, this took place in the past year of 24 hours. The obtained data will be analyzed with SPSS 16.

Research population
The goal of our study is to determine the proportion of female patients that attend the ED of the UMC St Radboud, that have experienced IPV in their lifetime or at present*.
. We want to include as many patients as possible. We estimate a number of 300

is reachable and had sufficient power to draw statistic significant conclusions. We will recruit these patients from the waiting room of the ED of University Nijmegen Medical Centre, the Netherlands, during a period of 6 weeks. The target population consists of all women attending the ED, older than 18 years of age and ever had a relationship. Sufficient mastery of the Dutch, English, Turkish or Arabic language is requisite. Exclusion criteria are: presentation with reduced consciousness (Glasgow Coma Scale < 14) and patients who visit the ED in presence of their partner (for safety). Patients referred by their general practitioner to specific medical specialists will not be included, for example a patient with myocardial infarction that is seen by a cardiologist.

* NB The moment of the day/week in which the student-researcher should be present at the ED is jet to determine.
Registration and security of data
The study will be presented as a survey on relationships and health The receptionist will hand out an information letter to all female patients. Subsequently, a patient is taken to a consulting room. Here, the student-researcher will verify whether the patient meets the inclusion criteria. Patients will be asked to cooperate, read extra information about the survey and fill out the informed-consent form. Than the patients are asked to fill in the questionnaire.Patients will be asked to fill out the questionnaire in private to stimulate truthful answering and to improve the reliability of the study. The questionnaire is anonymous and will be put in a box instantly after completing it to guarantee anonymity. A student-researcher will be present in the room when patients will be filling out the forms to clarify ambiguities, to guarantee privacy and to stimulate patients to fill out the forms as complete as possible. The patient is given the possibility to ask the student-researcher to leave for 5-10 minutes. The student will stay close to the room in case of any questions.
The questionnaire will contain:
a. set of demographic characteristics (age, marital status, having children, education of patient/partner and country of origin)
b. CASquestions about reason for encounter and number of ED-visits last year

Study burden and risks

We expect that most women can fill in the questionnaire without any problems. Some women might experience psychological distress because of answering the CAS. At different points during answering the questions and reading the information, women are offered to discuss possible difficulties with their doctor or call the Domestic Violence Support Line. Women who come to the ED accompanied by their partners are excluded from participation, because of safety reasons.
For women, it can be difficult to face a questionnaire about intimate partner violence since it is a subject which is not so easily discussed in our society. But it's not an option not to do research in this field. Without research into

this target group we will not know enough about prevalence, demographic characteristics and ED-visits. All these topics are important in raising awareness amongst ED-personell, so that they notice the presence of IPV, discuss it and offer help.

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

- women attending the ED
- aged 18 years or older
- sufficient mastery of the Dutch, English, Turkish or Arabic language

Exclusion criteria

- patients who visit the ED in presence of their partner (for safety);
- presentation with reduced consciousness (Glasgow Coma Scale < 14);
- patients referred by their general practitioner to specific medical specialists.

Study design

Design

Study type: Observational non invasive

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

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	01-04-2013
Enrollment:	300
Type:	Anticipated

Ethics review

Approved WMO

Date:	09-04-2013
Application type:	First submission
Review commission:	CMO regio Arnhem-Nijmegen (Nijmegen)

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	NL43369.091.13