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Testing the effectiveness of domestic violence interventions: Why randomised controlled trials are necessary but not sufficient

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How do we know that domestic violence interventions do more good than harm?

- Ask the peop the intervention ?
  - Trainers
  - clergy/doc
- Ask the people *receiving* th rvivors, perpetrators, other fam
- Measure the des owledge, reduced abuse, impr mily harmony) at the end of the i

Bias

Confounding

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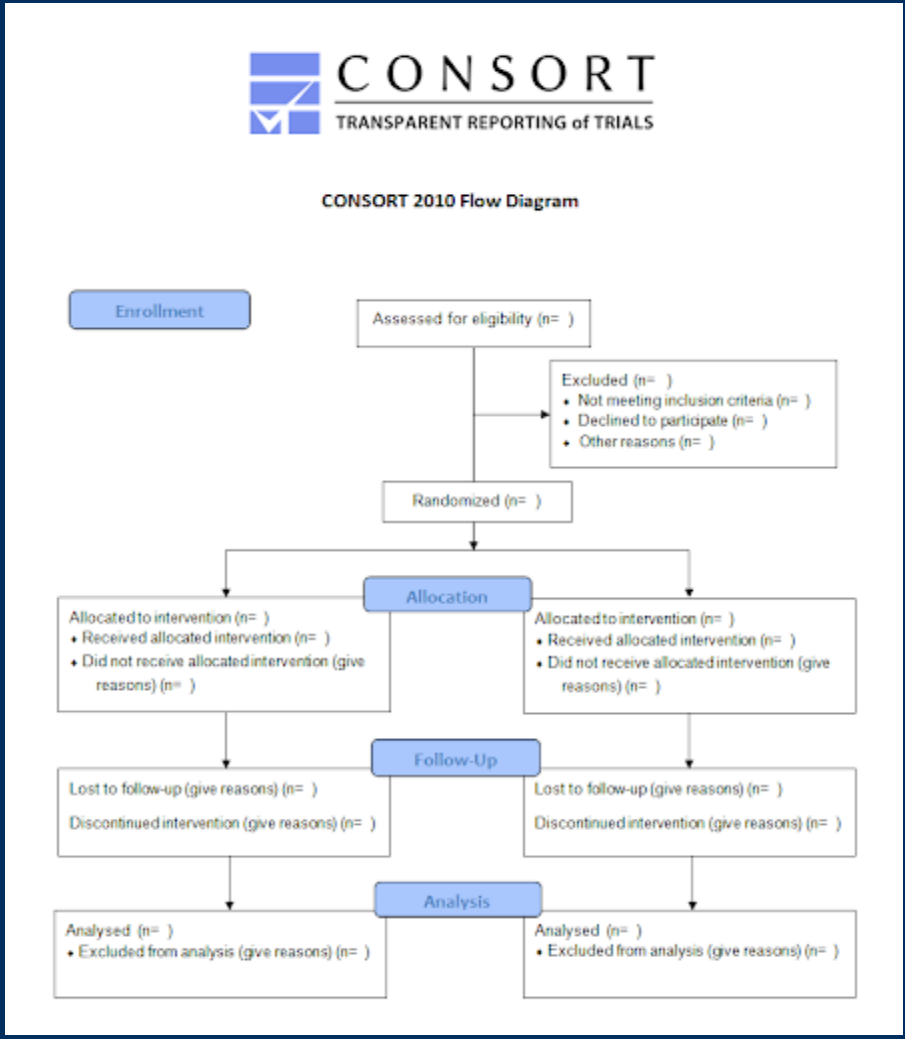
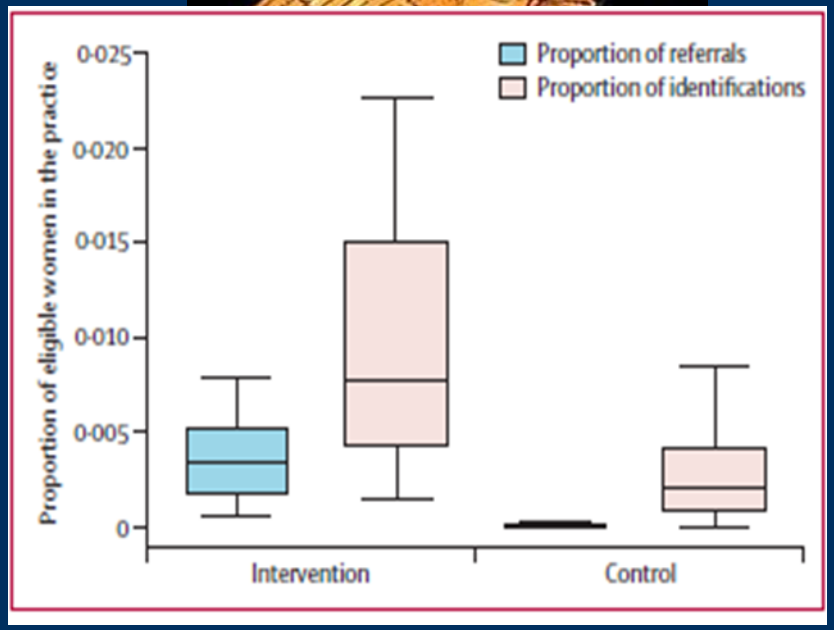
Randomise!


CONSORT
TRANSPARENT REPORTING of TRIALS
CONSORT 2010 Flow Diagram
Enrollment
Assessed for eligibility (n=)
Excluded (n=)
• Not meeting inclusion criteria (n=)
• Declined to participate (n=)
• Other reasons (n=)
Randomized (n=)
Allocation
Allocated to intervention (n=)
• Received allocated intervention (n=)
• Did not receive allocated intervention (give reasons) (n=)
Allocated to intervention (n=)
• Received allocated intervention (n=)
• Did not receive allocated intervention (give reasons) (n=)
Follow-Up
Lost to follow-up (give reasons) (n=)
Discontinued intervention (give reasons) (n=)
Lost to follow-up (give reasons) (n=)
Discontinued intervention (give reasons) (n=)
Analysis
Analysed (n=)
• Excluded from analysis (give reasons) (n=)
Analysed (n=)
• Excluded from analysis (give reasons) (n=)

IRIS trial



Open Access Research

BMJ open

Cost-effectiveness of Identification and Referral to Improve Safety (IRIS), a domestic violence training and support programme for primary care: a modelling study based on a randomised controlled trial

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ABSTRACT

Objective: The Identification and Referral to Improve Safety (IRIS) cluster randomised controlled trial tested the effectiveness of a training and support intervention to improve the response of primary care to women experiencing domestic violence (DV). The aim of this study is to estimate the cost-effectiveness of this intervention.

Design: Markov model-based cost-effectiveness analysis.

Setting: General practices in two urban areas in the UK.

Participants: Simulated female individuals from the general UK population who were registered at general practices, aged 16 years and older.

Intervention: General practices received staff training, prompts to ask women about DV embedded in the electronic medical record, a care pathway including referral to a specialist DV agency and continuing contact from that agency. The trial compared the rate of referrals of women with specialist DV agencies from 24 general practices that received the IRIS programme with 24 general practices not receiving the programme. The trial did not measure outcomes for women beyond the intermediate outcome of referral to specialist agencies. The Markov model extrapolated the trial results to estimate the long-term healthcare and societal costs and benefits using data from other trials and epidemiological studies.

Results: The intervention would produce societal cost savings per woman registered in the general practice of UK£37 (95% CI £178 saved to a cost of £136) over 1 year. The incremental quality-adjusted life-year was estimated to be 0.0010 (95% CI −0.0157 to 0.0101) per woman. Probabilistic sensitivity analysis found 78% of model replications under a willingness to pay threshold of £20 000 per quality-adjusted life-year.

Conclusions: The IRIS programme is likely to be cost-effective and possibly cost saving from a societal perspective. Better data on the trajectory of abuse and the effect of advocacy are needed for a more robust model.

Trial registration: Current Controlled Trials, ISRCTN74012786.

ARTICLE SUMMARY

Article focus

- The aim of this study was to assess the cost-effectiveness of the IRIS training and support intervention for primary care clinicians from the UK societal and NHS perspectives.

Key messages

- The intervention is likely to be cost saving from a societal perspective with a high likelihood of being under a £20 000 per quality-adjusted life-year willingness to pay threshold.

Strengths and limitations of this study

- We have minimised bias in estimating the effect size of the IRIS programme by basing it on a randomised controlled trial.
- By using epidemiological and cost data external to the trial, we were able to extrapolate from directly measured trial outcomes (DV disclosure and referral rates) to quality of life, health and economic outcomes.
- The uncertainty of the transition probabilities based on assumptions was addressed by probabilistic sensitivity analysis, contributing to the robustness of the model.
- Important limitations of that data are the paucity of longitudinal studies measuring the trajectory of abuse and uncertainty about the effect of DV advocacy for women not living in a refuge or shelter.

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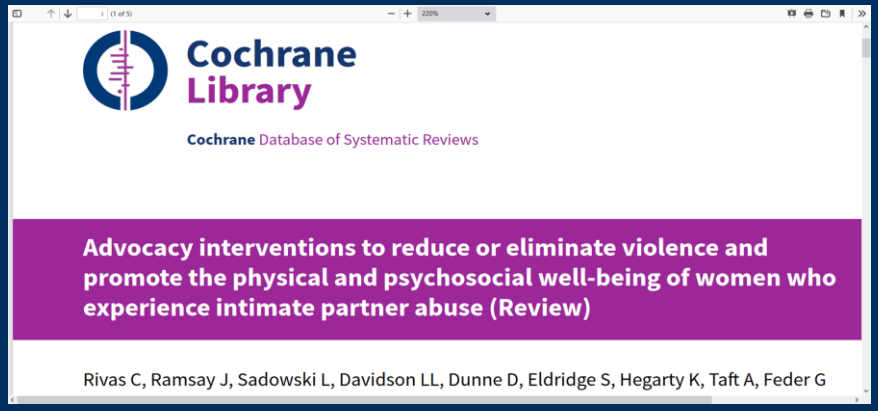
UK domestic violence trials

Trials can be systematically reviewed and pooled



Cochrane Library

Cochrane Database of Systematic Reviews

Advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse (Review)

Rivas C, Ramsay J, Sadowski L, Davidson LL, Dunne D, Eldridge S, Hegarty K, Taft A, Feder G

Cochrane Library

Cochrane Database of Systematic Reviews

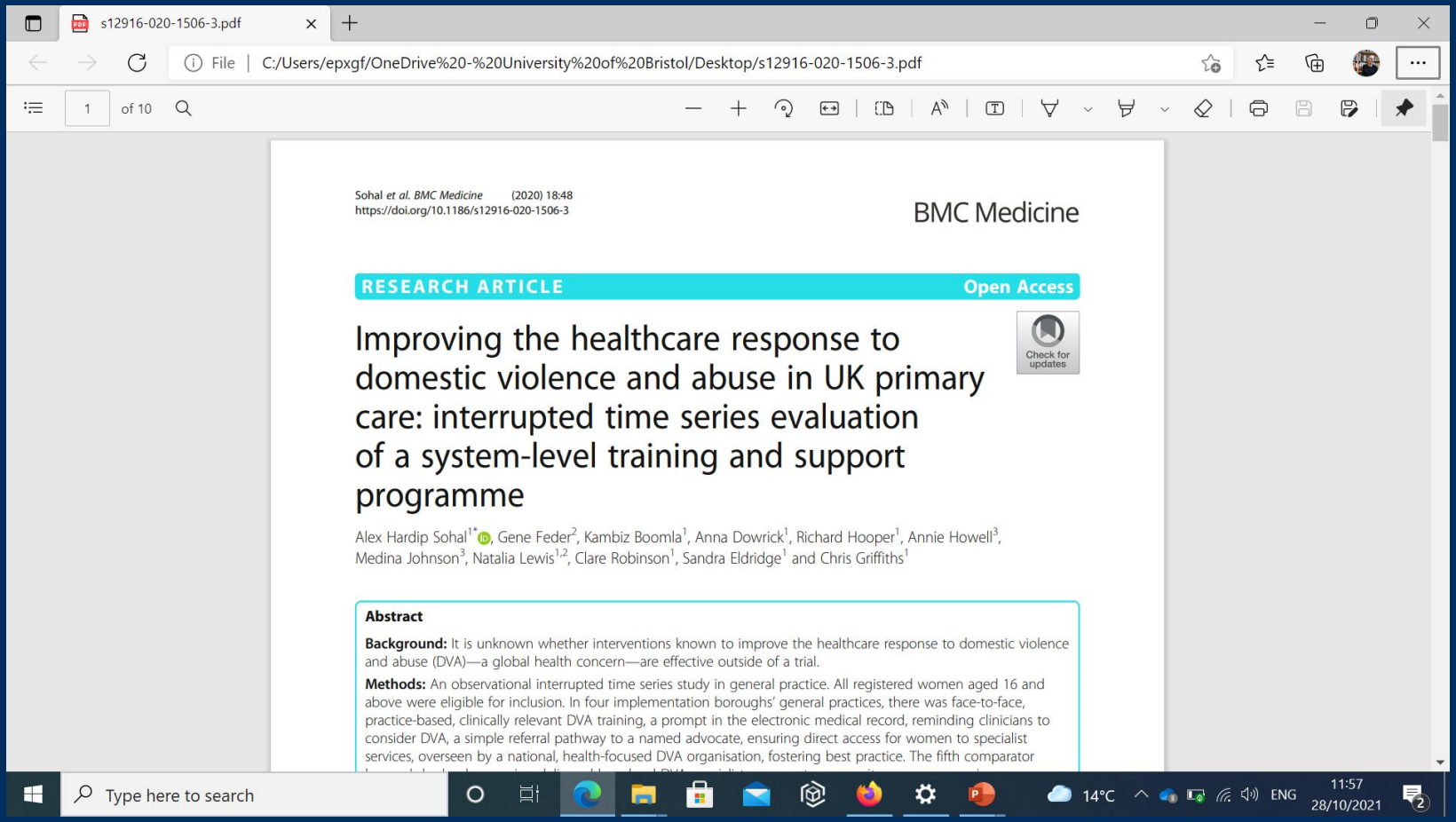
Psychological therapies for women who experience intimate partner violence (Review)

Hameed M, O'Doherty L, Gilchrist G, Tirado-Muñoz J, Taft A, Chondros P, Feder G, Tan M, Hegarty K

Some limitations of trials

- Randomisation may be problematic for folk delivering the intervention and/or participants
- Conservative estimate of effect
- Generalisability limited by specific context of the trial [and need for individual participant recruitment]
- [Measured outcomes may not be the ones that matter to participants]

Non-randomised bias- and confounding-reducing designs



Qualitative research is valuable in its own right and complementary to trials

1 of 16 Automatic Zoom

REVIEW ARTICLE

Women Exposed to Intimate Partner Violence

Expectations and Experiences When They Encounter Health Care Professionals: A Meta-analysis of Qualitative Studies

Gene S. Feder, MD; Madeleine Hutson, MBBS; Jean Ramsay, PhD; Ann R. Taket, MSc

Background: The appropriate response of health care professionals to intimate partner violence is still a matter of debate. This article reports a meta-analysis of qualitative studies that answers 2 questions: (1) How do women with histories of intimate partner violence perceive the responses of health care professionals? and (2) How do women with histories of intimate partner violence want their health care providers to respond to disclosures of abuse?

Methods: Multiple databases were searched from their start to July 1, 2004. Searches were complemented with citation tracking and contact with researchers. Inclusion criteria included a qualitative design, women 15 years or older with experience of intimate partner violence, and English language. Two reviewers independently applied criteria and extracted data. Findings from the primary studies were combined using a qualitative meta-analysis.

Results: Twenty-nine articles reporting 25 studies (847 participants) were included. The emerging constructs were largely consistent across studies and did not vary by study quality. We ordered constructs by the temporal structure of consultations with health care professionals: before the abuse is discussed, at disclosure, and the immediate and further responses of the health care professional. Key constructs included a wish from women for responses from health care professionals that were nonjudgmental, nondirective, and individually tailored, with an appreciation of the complexity of partner violence. Repeated inquiry about partner violence was seen as appropriate by women who were at later stages of an abusive relationship.

Conclusion: Women's perceptions of appropriate and inappropriate responses partly depended on the context of the consultation, their own readiness to address the issue, and the nature of the relationship between the woman and the health care professional.

Arch Intern Med. 2006;166:22-37

NTIMATE PARTNER VIOLENCE IS THE ... tions about the nature of appropriate re-

Trials in the global South

IMAGE
micro-finance
+
community
engagement
+
gender norm
change

SONKE GENDER JUSTICE
HIV/AIDS • GENDER EQUALITY • HUMAN RIGHTS

Programmes involving boys and men in violence prevention

SASA!
Raising Voices

Intervention evidence trajectories