

Use of Online Safety Decision Aid by Abused Women



Effect on Decisional Conflict in a Randomized Controlled Trial

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Background: An Internet safety decision aid was developed to help abused women understand their risk for repeat and near-lethal intimate partner violence, clarify priorities related to safety, and develop an action plan customized to these priorities.

Purpose: To test the effectiveness of a safety decision aid compared with usual safety planning (control) delivered through a secure website, using a multistate RCT design. The paper evaluates the effectiveness of the safety decision aid in reducing decisional conflict after a single use by abused women.

Design: RCT referred to as Internet Resource for Intervention and Safety (IRIS).

Setting/participants: Abused women who spoke English ($n=708$) were enrolled in a four-state RCT.

Intervention: The intervention was an interactive safety decision aid with personalized safety plan; the control condition was usual safety planning resources. Both were delivered to participants through the secure study website.

Main outcome measures: This paper compares women's decisional conflict about safety: total decisional conflict and the four subscales of this measure (feeling: uninformed, uncertain, unsupported, and unclear about safety priorities) between intervention/control conditions. Data were collected from March 2011 to May 2013 and analyzed from January to March 2014.

Results: Immediately following the first use of the interactive safety decision aid, intervention women had significantly lower total decisional conflict than control women, controlling for baseline value of decisional conflict ($p=0.002$, effect size=0.12). After controlling for baseline values, the safety decision aid group had significantly greater reduction in feeling uncertain ($p=0.006$, effect size=0.07) and in feeling unsupported ($p=0.008$, effect size=0.07) about safety than the usual safety planning group.

Conclusions: Abused women randomized to the safety decision aid reported less decisional conflict about their safety in the abusive intimate relationship after one use compared to women randomized to the usual safety planning condition.

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Introduction

Intimate partner violence (IPV) is a widespread and serious public health problem, with at least 6.9 million U.S. women raped, physically hit, and/or stalked by a partner/ex-partner yearly.¹ Nearly half of abused women report injury¹; well-documented sequelae of IPV include post-traumatic stress disorder, depression, suicidality, chronic fatigue, difficulty sleeping, headaches, gastrointestinal problems, breathing problems, traumatic brain injury, and gynecologic problems.^{2–5} IPV is the most significant risk factor for intimate partner homicide; on average, more than three U.S. women are murdered every day by a partner/ex-partner.^{6–8}

Abused women face complex, dangerous, and difficult safety decisions.^{9,10} The cornerstone for IPV interventions is safety planning, a dialogic process supporting abused women's decision making. Ideally, safety planning is individualized, attending to women's priorities for safety decisions, plans (e.g., leaving or remaining in the relationship), available resources, and the dangerousness of the relationship (likelihood of severe or lethal violence) using evidence-based risk assessment.¹⁰ Safety planning is typically accessed through formal services such as crisis services, advocacy (in health, social service, and legal settings), support groups, and individual counseling.¹¹ However, abused women are often unaware of IPV resources, how to find them, or what services they offer,¹² and the majority do not access formal services, representing missed opportunities to reduce exposure to IPV and its negative health consequences.^{13–15}

High-quality evidence suggests clinical decision aids effectively support patients' informed decision making regarding treatment options in varied situations (e.g., management of chronic conditions, end-of-life choices).¹⁶ Decision aids, which complement but do not replace professional services, provide information and help patients clarify personal values.¹⁷ Decision aids reduce decisional conflict, which stems from feeling uninformed, uncertain, unsupported, and unclear about personal priorities (or values) around a decision.¹⁶ Therefore, the team developed the first-ever safety decision aid (SDA) for IPV survivors, based on existing violence prevention and decisional conflict research. The SDA is individualized, helping abused women assess danger, set safety priorities, and plan for safety.¹⁸ IPV survivors in shelters ($N=90$) who tested the SDA via laptop had significantly reduced decisional conflict after just one use.¹⁸

Although abused women are commonly isolated by their partners, many have safe Internet access and actively search online for IPV help and information.¹⁹ Therefore, the SDA was adapted to be deployed via a secure study website. The ongoing RCT, referred to as

Internet Resource for Intervention and Safety (IRIS), is testing the effectiveness of the SDA compared with usual safety planning (i.e., IPV information typically available online) on abused women's health and safety. This paper presents findings from testing the hypothesis that women who accessed the interactive SDA would have significantly less decisional conflict about safety after a single use than those provided usual safety planning information online. The paper also examines whether women's priorities for safety decisions are related to relationship intentions (remaining in or ending the relationship).

Methods

Four academic centers conducted this parallel RCT with a one-to-one allocation ratio. The protocol was consistent across sites and was approved by the IRBs at Johns Hopkins University, Oregon Health & Science University, Arizona State University, and University of Missouri.

Study Setting, Participants, and Recruitment

Women were recruited from four racially/ethnically diverse U.S. States (Arizona, Maryland, Missouri, and Oregon). Inclusion criteria were as follows: (1) English speaking; (2) adult (≥ 18 years); (3) female; (4) currently (within past 6 months) experiencing physical violence, sexual violence, emotional abuse or threats of physical/sexual violence by a current male or female intimate partner; and (5) a resident of a participating state. Additionally, eligible women: (1) reported safe access to and comfort with using a computer with Internet access; and (2) had or created a safe e-mail address (safe computer/e-mail being one an abusive partner did not have access to). Recruitment efforts were focused on reaching women in the general community rather than through formal IPV services, and reaching women currently being abused. Additionally, as computer access was required, most recruitment strategies were web-based, including online classified ads (e.g., Craigslist), postings on social media (e.g., Facebook ads), online newspaper ads, community listservs, and university research listings. Additionally, flyers were posted in community-based locations (e.g., health clinics, university campuses, cafes, women's bathrooms in bars, libraries, programs serving women/children). Recruitment materials provided an e-mail and toll-free study number for the study. For safety, recruitment materials referred to a "woman's health and safety study" rather than referring to IPV or domestic violence. No participants were turned away if they met eligibility requirements. Participants were followed for 12 months from baseline.

Sample Size and Randomization

Sample size was based on the primary outcome of the trial, increasing safety-seeking behaviors, using a medium effect size of 0.58 calculated from a previous IPV intervention.^{20,21} Assuming up to 20% attrition, the desired sample size was 720 ($n=360$ per group, 180 women per site). This sample size was expected to be sufficient for measuring immediate change in decisional conflict based on prior work.¹⁸

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