Evaluation of an Information-based Intervention for Women Exposed to Intimate Partner Violence

1. Introduction
A common strategy in many healthcare settings to address the issue of violence exposure among patients is to provide cards, brochures or other written forms of information (e.g., posters) indicating services available for women in the local community. These information items are usually presented passively in waiting areas (i.e., the patient decides whether to attend to them or take them), and, when abuse is identified by a healthcare provider, are often the primary form of intervention provided to women if on-site violence-specific services are not available. Our primary focus was to learn about the usefulness, for women disclosing intimate partner violence (IPV) at a healthcare visit, of receiving an information card listing local violence-related services. We did this by examining 1) how IPV-exposed women who kept and used the information card differed from those who did not on demographic characteristics, abuse status, readiness to change, and health and well-being indicators, 2) women’s explanations for why they did not keep the card and 3) women’s perspectives on how violence-related information can successfully be presented to women exposed to IPV.

2. Method
This poster reports on the results of a sub-study with women participating in a multi-site randomized controlled trial of screening for exposure to IPV in healthcare settings in Ontario, Canada. Each woman (N = 6743), at study enrolment, received an information card from research staff indicating services and resources available in the local community for women experiencing violence. At the baseline interview (one week post-enrolment) and at each follow-up interview (6, 12 and 18 months post-enrolment) women were asked about their use of this card and whether they sought any of the services outlined on it. For the present analysis, those women identified as experiencing abuse and followed for the full 18 months of the study protocol (N = 411) were included. In a concurrent phase of the research, we interviewed a small sub-set of women (N = 7) to discuss their experiences in using, or not using, the information provided in healthcare settings to link to community services.

3. Results
Women who kept the card were generally experiencing more severe abuse, had a lower quality of life, and were at a later stage of change (i.e., closer to a commitment to establishing a new, abuse-free life) than those who did not keep the card, although the presence of these associations varied depending on point of measurement (i.e., baseline,
6, 12, or 18 months post-enrolment). Similarly, card use was associated with more severe abuse and a lower quality of life (though the association was less consistent for the latter). Few women chose “not safe for me to take home” as the explanation for why they did not keep the card, suggesting the fear of being caught with the card by their abuser was not a key determinant of card-keeping behaviour or usage. In general, interviewed women saw written forms of information, such as information cards, as useful ways for women exposed to IPV to learn about violence-related resources.

4. Conclusions
Women who were most in need of and ready to access relevant information and services were the ones who were most likely to keep the card, suggesting these women saw the card as a potentially useful means of linking to these resources. It appears that in healthcare settings, information cards may be an effective way to refer IPV-exposed women to services. These findings have implications for how information-based interventions are planned and implemented (e.g., how should the content, format and delivery of information be tailored), both with respect to the context of the healthcare response to violence against women, and, potentially, more broadly.