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The impact of domestic violence upon default from colposcopy services

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3 – Investigate whether default risks apply to confronting gynaecology clinics such as colposcopy, also apply to less stressful and confronting clinical services such as family planning and maternity services.

2 Methods

2.1 Study type

A prospective longitudinal cohort study was undertaken.

2.2 Ethics approval

Institutional ethics approval from the hospital ethics committee and University were obtained (see appendix 1 for ethics approval forms). Furthermore, written information sheets were provided and individual informed consent was obtained from each participant.

2.3 Safety considerations

Because the study involved IPV, safety issues were specifically considered and addressed prior to the commencement of the study. Women attending the colposcopy clinic were invited to meet with a research nurse in a private room in the absence of their partner. Women were interviewed in a room with two exits so that any serious disclosure issues would be able to be managed in a safe manner, with the woman having a secure exit from the clinic and service area. Local police authorities were consulted about the study to ensure that they were happy with study protocols. With the subject's consent, the attending clinician was advised of the disclosure and any positive results in the questionnaire. Participants were also offered access to a social worker for further information and support if they requested this service.

2.4 Study participants

The study participants were consecutive women attending a major gynaecological referral service designed to evaluate precancerous changes identified on Pap smear screening. All women were approached to participate in the study. Non English speaking women were able to attend through the use of female medical interpreters who were available to assist the research student. The hospital serviced a population of 500,000 and encompassed middle to lower socioeconomic status group.

2.5 Enrolment data

2.5.1 Reading out questionnaires

Women were invited to complete a short questionnaire with the assistance of a nurse and an interpreter if required. The questionnaire utilised screening questions for domestic violence that had been validated in previous research and utilized in Australian maternity clinic settings (Feldhaus, Kaziol-McLain, Ambury, Norton, Lowenstein & Abbott, 1997). The questionnaire was verbally read out to the participant and their answers were coded directly onto a data sheet by the interviewer. Figure 2.5.1.1 shows the interview room with research nurse that was used during recruitment.

Figure 2.5.1.1 Interview room



2.5.2 Intimate partner violence questions

The questions relating to domestic violence were as follows:

1. Are you ever afraid of your partner?
2. In the last year, has your partner hit, kicked, punched or otherwise hurt you?
3. In the last year, has your partner put you down, humiliated you or tried to control what you can do?
4. In the last year, has your partner threatened to hurt you?

These questions have been validated and used in Queensland (Stratigos, 1999) and New South Wales (NSW Health, 2001). All women who made a disclosure of domestic violence were offered referral to ongoing counselling and social support services. The clinic had a safe back exit in case of a threatening disclosure of violence.

If the patient gave consent, information in relation to the domestic violence was also disclosed to the woman's attending doctor. However if the women wished this information to remain confidential, this information was not disclosed. Likewise all women were offered the opportunity to have the information disclosed to the hospital social support services.

2.5.3 General demographic questions

Subjects were also asked routine demographic questions such as age, gravidity, parity, race and smoking status.

2.5.4 Yale Depression Screen

To evaluate the presence of depression as a covariate, the Yale single item depression screen was utilised (Watkins et al., 2007). This question is as follows:

“Do you often feel sad or depressed?”

The Yale Single item depression screen has been used widely in clinical practice when a simple measure of depression is required and it is important to keep questionnaires short to facilitate compliance. A study (Watkins et al., 2007), searching for a simple and reliable tool to facilitate the evaluation of depression in patients who have recently had a stroke, concluded that the Yale which only requires a yes or no answer to a single question was a useful screening tool in identifying possible depression both two weeks and three months post stroke. The Yale one question screening tool was also tested in a study of patients suffering multiple sclerosis in comparison to a formal clinical diagnosis (Vahterg, Kreegipuu, Talvik & Gross-Paju, 2007). They concluded that the one-question screening tool was useful in screening for depression in people with multiple sclerosis and it confirms existing depression in over 91% of cases.

2.5.5 Housing instability

To evaluate housing instability women were asked two questions as follows:

Question 1

What is your current address?

If the woman was not able to give an address they were deemed to be homeless. If able to give an address they were asked the following

Question 2

How long have you lived at your current address?

- a) More than two years
- b) Twelve to twenty four months
- c) Six to twelve months
- d) One to six months
- e) Less than one month

If women answered d or e they were coded as having unstable housing status.

2.6 Classification of subjects

Based on the IPV question response, women were classified as being exposed to IPV (exposed), or not (control).

2.7 Participant follow up

All women were followed for three years and all subsequent clinic booking outcomes were audited and entered onto the dataset.

2.8 Outcome data

All clinic booking outcomes at the colposcopy services (variable called Colposcopy data) and all other women's health services (except for Colposcopy services) (variable called Women's health data) were audited over the next 3 years. Data was extracted from the HOMER system. HOMER is a computer program that was used by Western Hospital, Sunshine until late 2009. To manage appointments each patient that used the Hospital was identified by a 6 digit number. All staff members that were permitted access could log into HOMER and enter the patient number and HOMER would have information specific to the patient saved on its data program. Some of the individual information that was saved onto HOMER were:

Patient name

Date of birth

Address

Contact details

Next of kin

Language spoken (if non English speaking)

Hospital admissions

Presentations to emergency department

Outpatient clinic booking appointments

Clinic booking outcomes

Possible clinic booking outcomes included

- Attendance. This meant that the participant made an appointment and attended the appointment as scheduled.
- Failure to attend. This meant the participant failed to attend the follow up appointment that she was given at the end of her colposcopy visit.
- Hospital cancellation. This meant that the hospital cancelled the appointment that was given to the participant at her last colposcopy visit.
- Patient cancellation. This meant that the patient called the hospital and cancelled the appointment that was made at her last colposcopy visit.
- Pregnancy. This meant that after the after the participants colposcopy visit the participant became pregnant and had antenatal visits to attend.

2.9 Primary outcomes

The primary outcomes were:

- 1) To determine the prevalence of domestic violence in a colposcopy clinic population.
- 2) To determine the demographic associations of IPV.
- 3) To determine whether exposure to IPV was associated with an increased risk of default from colposcopy clinic services.
- 4) To determine whether exposure to IPV is associated with an increased risk of default from less confronting clinical care such as obstetric and general women's health clinic services.

2.10 Data analysis

Data was entered into a data base and analysed using Minitab (Minitab16 University of Melbourne).

2.10.1 Prevalence

To evaluate the prevalence, data was recorded as number and percentage.

2.10.2 Associations of IPV

To evaluate the associations of IPV, data were presented as number and percentage for discrete data and as mean and standard deviation for continuous data. Comparisons of discrete data were made using Chi Square with Yates correction and comparisons of continuous data were made using student t test. A p-value of 0.05 was considered significant.

2.10.3 Default and loss to follow up rates

Data were presented as number and percentage for discrete data. Comparisons of discrete data were made using Chi Square with Yates correction and Fisher exact test where cell size was less than five. A p-value of 0.05 was considered significant.

2.10.4 Multivariate analysis

All variables significant at a univariate level of $p < 0.1$ against an outcome measure were included in a multivariable regression analysis. Those variables with a p-value < 0.05 on multivariate analysis were considered significant independent associations. Because there were limited analyses undertaken, the p-value was not adjusted from 0.05 for significance.