

# Emergency department intervention does not reduce heavy drinking or partner violence

August 4 2015

---

A brief motivational intervention delivered during an emergency department visit did not improve outcomes for women with heavy drinking involved in abusive relationships, according to a study in the August 4 issue of *JAMA*, a violence/human rights theme issue.

There is a strong and reciprocal association between two highly prevalent public health problems: intimate partner violence (IPV) and [heavy drinking](#). Each risk individually represents major costs to individuals, families, and society. The [emergency department](#) (ED) visit is conceptualized as a sensitive period or window of time when exposure to motivational health promotion might have an influence on behaviors. Integrated brief interventions for IPV and heavy drinking have not been tested, according to background information in the article.

Karin V. Rhodes, M.D., M.S., of the University of Pennsylvania, Philadelphia, and colleagues randomly assigned 600 IPV-involved female ED patients who exceeded safe drinking limits to brief [intervention](#) (n = 242), assessed control (n = 237), or no-contact control (n = 121). All received social service referrals. The brief intervention was a 20- to 30-minute manual-guided motivational intervention delivered by master's-level therapists with a follow-up telephone booster. The assessed [control group](#) received the same number of assessments as the brief [intervention group](#) but no intervention; the no-contact control group was assessed only once at 3 months.

Incidents of heavy drinking and IPV were assessed weekly for 12 weeks

using an interactive voice response system. Of 600 participants, 80 percent were black women with an average age of 32 years. Retention among study participants was 89 percent for 2 or more [interactive voice response](#) system calls. Seventy-eight percent of women completed the 3-month interview, 79 percent at 6 months, and 71 percent at 12 months.

During the 12-week period following the brief motivational intervention, there were no significant differences between the intervention group and the assessed control group on weekly assessments for experiencing IPV or heavy drinking. From baseline to 12 weeks, the number of women with any IPV in the past week decreased from 57 percent in the intervention group to 43 percent and from 63 percent in the assessed control group to 41 percent (absolute difference of 8 percent; not statistically significant). From baseline to 12 weeks, the number of women with past week heavy drinking decreased from 51 percent in the intervention group to 43 percent and from 46 percent in the assessed control group to 41 percent (absolute difference of 3 percent).

At 12 months, 43 percent of the intervention group and 47 percent of the assessed control group reported no IPV during the previous 3 months and 19 percent of the intervention group and 24 percent of the control group had reduced their alcohol consumption to sex-specific National Institute on Alcohol Abuse and Alcoholism safe drinking levels.

"We did find that over time, reports of experiencing and perpetrating IPV and days of heavy drinking decreased significantly within the intervention and the control groups alike. However, there was no evidence that these outcomes were influenced by the intervention," the authors write.

The researchers note that integrated interventions that address multiple risk factors in the context of violence exposure may require a more in-depth approach than can be feasibly provided in an ED setting.

"These findings do not support a brief motivational intervention in this setting."

**More information:** *JAMA*, [DOI: 10.1001/jama.2015.8369](https://doi.org/10.1001/jama.2015.8369)

Provided by The JAMA Network Journals

Citation: Emergency department intervention does not reduce heavy drinking or partner violence (2015, August 4) retrieved 2 May 2024 from <https://medicalxpress.com/news/2015-08-emergency-department-intervention-heavy-partner.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.