

Talking with trained doctors can help abused women

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Women who are experiencing intimate partner violence feel better supported, more confident, and less depressed when trained family doctors counsel them, according to new research in the journal *Family*

Practice.

Globally, one in four [women](#) experiences [intimate partner violence](#) at some stage in her life. Domestic [violence](#) contributes at least as high a health burden as [high blood pressure](#), smoking, and obesity. Domestic violence victims are at substantially increased risk of physical and psychological health damage, including depression, anxiety, chronic pain, and gynaecological problems.

Family doctors are often the first or only point of contact for women experiencing domestic violence. However, there has been limited research to help guide family doctors regarding the care they should offer women experiencing domestic violence. Furthermore, there have been very few evaluations of domestic violence trials to assess how successful interventions work.

This study assessed whether women experiencing intimate partner violence report feeling more confident and supported by their doctor when they receive patient-centred counselling by a [family doctor](#) trained to respond to this issue. The study also evaluated whether improved confidence and doctor support helped reduce depression for these women.

The study was a randomised controlled trial involving 272 female domestic violence survivors (aged 16 to 50 years) attending 52 family doctors at primary care clinics in Victoria, Australia. Participating patients had experienced fear of a partner or ex-partner in the past 12 months.

Doctors in the intervention group participated in a [training program](#) designed to help them deliver a brief counselling intervention to women fearful of a partner.

Researchers on the study assessed self-efficacy (similar to confidence), depression levels, and how supported the women felt by their doctor.

Researcher measured self-efficacy in this study using an established, 10-item scale called the General Self-Efficacy Scale. Researchers asked participants to what extent they agree with statement such as "I can always manage to solve difficult problems if I try hard enough" or "I am confident that I could deal efficiently with unexpected events" or "If I am in trouble, I can usually think of a solution."

The study found that at six months, perceived doctor support was higher for women in the intervention group than for those in the comparison group. Higher perceived doctor support was, in turn, associated with lower depression at six months. At six months, lower depression experienced by the intervention group could be explained, at least partially, by higher doctor support experienced by this group. At 12 months, higher self-efficacy associated with the intervention explained lower depression experienced by the [intervention group](#).

Women who received counselling from a doctor trained to recognize and respond to experiences of domestic violence reported greater confidence, greater support from the doctor and reduced depression. These findings suggest that counselling delivered by family doctors trained to respond to domestic violence can help a survivor feel supported by their doctor and increase their confidence over time. The findings also suggest that these changes reduce [depression](#) among abused women.

Researchers have used results from this and related studies to develop a new model at a primary health network in Victoria, Australia.

"This study demonstrated the benefits of training [family](#) doctors to respond appropriately to patients experiencing domestic violence," said

one of the paper's authors, Kelsey Hegarty. "Over time, feeling more supported, more confident and having greater hope could help those experiencing [domestic violence](#) feel more empowered to take further steps toward safety."

More information: Jodie Valpied et al, Self-efficacy and doctor support as mediators of depression outcomes following counselling by family doctors for intimate partner violence, *Family Practice* (2019). [DOI: 10.1093/fampra/cmz067](https://doi.org/10.1093/fampra/cmz067)

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