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Effectiveness of an intimate partner violence intervention to reduce detection gaps among diverse ethnic groups of women

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12/10/2025

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No longer recruiting

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26/10/2025

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Completed

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22/10/2025

Condition category
Other

[_] Prospectively registered
[_] Protocol
[_] Statistical analysis plan
[_] Results
[_] Individual participant data
[X] Record updated in last year

Plain English summary of protocol

Background and study aims
Intimate partner violence (IPV) is a significant public health problem that has an adverse effect on women's physical and mental health. Previous research has shown that Palestinian-Arab women face higher IPV rates but are less likely to be screened and referred to support services compared to Jewish women. This study focuses on improving the detection of IPV among pregnant and postpartum women attending Maternal and Child Health (MCH) clinics in Israel. It aims to evaluate whether training nurses and using a validated screening tool based on the Abuse Assessment Screen (AAS) can increase IPV detection and reduce detection gaps between Palestinian-Arab and Jewish women.

Who can participate?
Women attending MCH in the intervention MCH clinics

What does the study involve?
The study was conducted in ten MCH clinics in five intervention and five control clinics. Nurses in intervention clinics completed a structured training program on IPV, including screening, cultural sensitivity, and referral pathways. Data were collected for 6 months before the intervention (June–December 2021), 6 months after the intervention (June–December 2022), and a nurse training period between November 2021 and May 2022. The first 350 women attending MCH in the intervention MCH clinics were offered a self-administered AAS questionnaire in Arabic or Hebrew. All women were required to sign an informed consent form before their participation. Control clinics continued with routine screening only. Nurses followed Ministry of Health protocols for referral and follow-up in cases of suspected IPV. Women who were already identified as experiencing IPV, receiving support services, or who had been screened for IPV in the previous 6 months before the beginning of the study were excluded.

What are the possible benefits and risks of participating?
Potential benefits of the study include improving IPV screening in healthcare settings and reducing detection gaps between Palestinian-Arab and Jewish women. A possible risk is feeling discomfort when answering sensitive questions about intimate relationships. All participation

was voluntary, with the option to withdraw at any time. Data were collected anonymously and confidentially, in accordance with the Ethics Committee requirements.

Where is the study run from?
The study was run in MCH clinics in the Haifa District, in collaboration between Ben-Gurion University of the Negev and the Ministry of Health district office.

When is the study starting and how long is it expected to run for?
April 2021 to December 2022

Who is funding the study?
The Chief Scientist of the Israeli Ministry of Health.

Who is the main contact?
Prof. Nihaya Daoud, daoud@bgu.ac.il

Contact information

Type(s)
Public, Scientific, Principal investigator

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Additional identifiers

Clinical Trials Information System (CTIS)
Nil known

Protocol serial number
Chief Scientist of the Israeli Ministry of Health Grant No. 3-18758

Study information

Scientific Title

Effectiveness of an intimate partner violence intervention to reduce detection gaps among diverse ethnic groups of women: A quasi-experiment in MCH clinics

Study objectives
Study aims: 1. Compare IPV detection rates among Jewish and Arab women visiting MCH clinics pre- and post-intervention, and in the intervention MCH clinics compared to control clinics; and 2. Compare IPV detection in the intervention clinics in Arab and Jewish women screened with the AAS, with the total group of women in the intervention screened with the AAS and two routine questions, as per the Circular.
The study had several hypotheses: 1. An intervention program based on nurses' IPV training and updated guidelines on screening and information provision about support services, with a specific focus on the context of Arab women experiencing IPV, would increase rates of IPV detection post-intervention compared to pre-intervention, and in intervention MCH clinics compared to control clinics, especially among Arab compared to Jewish women. 2. In intervention MCH clinics, disparities in rates of IPV detection among Arab and Jewish women would be reduced compared to control MCH clinics. 3. Screening with the AAS would increase IPV detection in the intervention clinics more than screening using only the two routine questions. We found that all our hypotheses were supported by the findings.

Ethics approval required
Ethics approval required

Ethics approval(s)
approved 11/04/2021, Committee for Research and Experiments Involving Human Subjects (Faculty of Health Sciences, Ben-Gurion University of the Negev, Beer Sheva, 84015, Israel; +(972) -86479880; ethics@medic.bgu.ac.il), ref: 16-2022

Study design
Quasi-experimental study design

Primary study design
Interventional

Study type(s)
Other

Health condition(s) or problem(s) studied
Intimate partner violence (IPV)

Interventions
Lasting 6 months (January to May 2022), the intervention included three activities: a 2-day nurses' training program (20 nurses) in the intervention MCH clinics, plus 1 day of practicum. The BGU research team and MoH health district planned the training, which included the following components: background on IPV (IPV types, prevalence, health consequences), IPV screening, and referral policies for women, including a specific focus on minorized Arab women. The practicum included role-playing to build nurses' capacity to recognize when, and how, to refer women victims of IPV to support services. Nurses learned not only how to respond when IPV was detected, but also to provide information on IPV support services to all women, and when Arab

women were involved. Intervention-clinic nurses also learned how to use the new screening tool (adapted from the AAS) for various groups of women visiting the MCH clinics, and to refer suspected IPV victims to support services.

Intervention Type
Behavioural

Primary outcome(s)
Detection of IPV using the routine Ministry of Health (MoH) IPV screening question at pre-intervention (June–December 2021) in both intervention and control clinics. At post-intervention (June–December 2022), in the intervention clinics, IPV was measured using an adapted version of the Abuse Assessment Screening (AAS) for the first 350 women visiting the clinics, and for the rest of women routine questions were used. In the control clinics, IPV continued to be measured using the routine screening question of the MoH. This was explained in the manuscript in the data collection section.

Key secondary outcome(s))
Referral to support services data, based on documentations in women's registry files and extracted retrospectively from the electronic records at baseline (June–December 2021) and at 6-month follow-up (June–December 2022). Referral to support services was defined as a documented referral recorded by the nurses in the MoH electronic records for women identified /suspected of experiencing IPV. In case of identification/suspicion, several steps were taken and documented in each woman registry file:
1. Condemn the violence and express support and empathy toward the woman.
2. Provide information about available support services and women's rights.
3. Conduct an immediate risk assessment: in cases of immediate risk and with the woman's consent, they were obligated to contact the welfare office and, if necessary, the police.
If the situation did not involve immediate risk, nurses were required to refer the woman to relevant support services and provide her with information. If children were at risk, nurses had to report the case immediately to the welfare services and/or police. In addition, nurses were instructed to conduct follow-up conversations and monitor the case over time (every 3 months), and in case of no reports on IPV, they will stop. In case of IPV they will follow with the above referral protocol.

Completion date
31/12/2022

Eligibility

Key inclusion criteria
1. All women visiting selected MCH clinics (5 intervention, 5 control) during the study period
2. Women who attended for pregnancy follow-up or postpartum monitoring
3. The AAS section of the intervention (intervention clinics only) included women who can read, speak, and write Arabic and/or Hebrew, and women who signed a consent form to participate in the intervention clinics and fill out the AAS tool

Participant type(s)
Service user

Healthy volunteers allowed
No

Age group
Adult

Lower age limit
18 years

Upper age limit
50 years

Sex
Female

Total final enrolment
3829

Key exclusion criteria
1. Women who were previously detected as IPV victims and were receiving relevant support services
2. Women who were assessed for IPV in the last 6 months
3. For the AAS arm of the intervention, women who refused to participate in the study and who did not agree to sign the consent form (intervention clinics)

Date of first enrolment
07/06/2022

Date of final enrolment
31/12/2022

Locations

Countries of recruitment
Israel

Study participating centre
Haifa District, Ministry of Health
Pal Yam Avenue 15a
Haifa
Israel
3309519

Sponsor information

Organisation
Ben-Gurion University of the Negev

ROR
https://ror.org/05tkyf982

Funder(s)

Funder type
Government

Funder Name
Office of the Chief Scientist, Ministry of Health

Alternative Name(s)
Chief Scientist Office, Ministry of Health

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
Israel

Results and Publications

Individual participant data (IPD) sharing plan
The IPD, including IPV screening responses (routine and AAS), sociodemographic characteristics, and referral status to support services, will be available upon reasonable request from the corresponding author (Prof. Nihaya Daoud, doaud@bgu.ac.il) after the publication of the paper. Data are fully anonymized, and no personal identifiers are included. As the study participants did not provide consent for open data sharing, data cannot be publicly shared. Requests for data access will require review and approval by the Ethics Committee of the Faculty of Health Sciences that approved the study.

IPD sharing plan summary
Available on request