




## Development Process: Clinical Guidelines for Domestic Violence Victims in Perinatal Clinical settings


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## Background

- ◆ 30% of women were abused mentally.
- ◆ 5% of women were threatened by homicidal violence from their partners.
- ◆ The law 'Prevention of violence from partner and safety for domestic violence victims' (October 2001)


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## Violence During Pregnancy

- ◆ Influences maternal and child health
- ◆ Abortion, premature delivery
- ◆ Child abuse
- ◆ Depression, mental problem


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## Guidelines of This Project

- ◆ Care guidelines
- ◆ Health care staff in clinical settings
- ◆ Evidence-based guidelines

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## Preparation of 'DV'

- ◆ Attending a 'Seminar on Domestic Violence for Health Care Staff' in Vancouver to brush up our knowledge
- ◆ Children's & Women's Health Centre of British Columbia (B.C.Women's)

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## Preparation of 'EBM&N'

- ◆ Participating in the 5th & 6th 'EBM & N (Evidence-based Medicine & Nursing) Seminar' in Japan
- ◆ .2 days of practical seminars
- ◆ Small group sessions to discover the best practice to provide care in a hypothetical situation

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## Development of Clinical Guidelines

- ◆ Developing this 'Clinical Guidelines for Domestic Violence Victims in Perinatal Clinical Settings' following 'Steps of Clinical Guidelines' based on EBM.

[<http://www.jph.go.jp/gjgl-4.3rev.htm>]  
[2002/10/21]

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## Steps of Clinical Guidelines

- 1) Clarified our theme,
- 2) Identified committee members,
- 3) Searched for references in terms of care process, research questions, and then identified those for inclusion,
- 4) Used critical appraisal of the Oxford Centre for Evidence-based Medicine Levels of Evidence,

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## Steps of Clinical Guidelines (continued)

- 5) Compiled abstract tables,
- 6) Defined recommendations for clinical practices, and
- 7) Re-worked the recommendations into guideline format

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## Struggles of the Process

- ◆ Searching the literature
- ◆ Categorizing the references
- ◆ The critical appraisal of each reference


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## Critical Appraisal

- ◆ CASP (Critical Appraisal Skills Programme) check lists  
(CASP team in Oxford)
- ◆ Oxford Centre for Evidence-based Medicine Levels of Evidence

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## CASP (Critical Appraisal Skills Programme)

- ◆ To make sense of evidence about effective health care
- ◆ 3 points:
  - Are the results of the study **valid**?
  - What were the **results**?
  - Will they help me in caring **for patients**?

[<http://CASPjp.umin.ac.jp>]


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## Oxford Centre for Evidence-based Medicine Levels of Evidence

- ◆ Classification:
  - Therapy/Prevention, Aetiology/Harm
  - Prognosis
  - Diagnosis
  - Differential diagnosis/  
symptom prevalence study
  - Economic and decision analyses
- ◆ Level:
  - 1a~5 (10 Level) (May 2001)

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## Term from Epidemiology

- ◆ Systematic review, randomized controlled trial: RCT, cohort study, case-control study, cross sectional study
- ◆ Random allocation, entry criteria, endpoint, outcome, intention to treat (ITT) analysis, blinding/masking
- ◆ Bias, confounding factor
- ◆ Confidence interval, risk, risk ratio: RR, odds ratio: OR, relative risk reduction: RRR, absolute risk reduction: ARR, number need to treat: NNT

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## Grades of Recommendation

- A: Good evidence to support a recommendation for use
- B: Moderate evidence to support a recommendation for use
- C: Poor evidence to support a recommendation for use
- D: Good evidence to support a recommendation **against** use

(Arranged Kish, 2001)

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## Tips for Developing Clinical Guidelines

- ◆ Multidisciplinary working group
- ◆ Strong collaboration with health care providers in clinical settings
- ◆ Attending seminars not only in Japan, but also abroad
- ◆ Keeping group members active, meeting periodically

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