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# The PROVIDE project

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School for  **Policy Studies**

 University of  
**BRISTOL**

# PROVIDE



**Programme of study of Violence In  
Diverse domestic Environments**

# PROVIDE Team



Professor Gene Feder (Bristol, Community based medicine)

Professor Marianne Hester (Bristol, Policy Studies)

Dr Roxane Agnew Davies (Domestic Violence Training LTD)

Professor Debbie Sharp (Bristol, Comm. based medicine)

Dr Loraine Bacchus (LSHTM)

Dr Louise Howard (Institute of Psychiatry)

Dr Emma Williamson (Bristol, Policy Studies)

# PROVIDE Team (2)



Professor Tim Peters (Bristol, Community based medicine)

Sandra Hollinghurst (Bristol, Community based medicine)

Carol Metters (Next Link, DV voluntary organisation)

Professor Charlotte Watts (LSHTM)

Jackie Beavington (Bristol PCT)

Dr Sue Jones (Bristol, Policy Studies)

Dr Ana-Marie Buller (LSHTM)

Simon Speight (Bristol, Community based medicine)

At least 2 PhD students

Professor Nicky Stanley (Advisory Group)

Lesley Welch (AG)

Mark Coulter (AG)

Thangam Debbonaire (AG)

# PROVIDE



- ❑ **5 year National Institute for Health Research Programme – Applied Research**
- ❑ **4 distinct workstreams**
- ❑ **10 distinct studies**
- ❑ **Each study builds on previous work of team**
- ❑ **Close international links with other researchers**
- ❑ **Close links with practitioners and commissioners**
- ❑ **Liaison with service users and stakeholders**

# Workstreams



**Workstream 1 – Male perpetrators and victims attending Primary Care (studies 1, 2 & 7)**

**Workstream 2 – Mental Health (studies 3, 4, 5)**

**Workstream 3 – Men who have sex with men attending sexual health clinics (studies 6, 7, 8)**

**Workstream 4 – Synthesis (Studies 9 & 10)**

# Studies



**Study 1:** Cross-sectional survey of prevalence among men in general practice, & association with demographic characteristics and mental health.

**Study 2:** Pilot of educational and support intervention targeted at primary care clinicians to promote enquiry about men's experience or perpetration of DV and improved management after disclosure.

**Study 3:** Randomised controlled trial of a psychological intervention delivered by specialist DV advocates (Psychological Advocacy Towards Healing: PATH)

**Study 4:** Nested qualitative study in PATH to explore perceptions of advocates and clients

**Study 5:** Systematic reviews of: studies measuring DV prevalence in populations of people with mental health disorders; interview or focus group studies of people with mental health disorders who have experienced DV.

# Studies



**Study 6:** Cross-sectional survey of prevalence among men in sexual health clinics and association with sexually-transmitted infections

**Study 7:** Qualitative study to explore experience of victimisation and perpetration of DV among male patients. (workstreams 1 & 3)

**Study 8:** Pilot of educational and support intervention targeted at sexual health clinicians and advisors to promote enquiry about MSM's DV experience or perpetration and improved management after disclosure.

**Study 9:** Cost-effectiveness models with data from studies 1,2,6 & 8 followed by value of information analysis

**Study 10:** Meta-synthesis of qualitative data from studies 2, 4, 7 and 8



# Workstreams 1 & 3



Studies 1 & 6 mirror each other looking at male patients in GP surgeries and sexual health clinics.

Studies 2 & 8 also mirror each other looking at interventions for practitioners in each of these settings.

Study 7 crosses both workstreams looking at men's experience of victimisation & perpetration of domestic abuse.

# Workstreams 1 & 3



The survey (Studies 1 & 6) will be given to men who attend GP practices in the Bristol area and sexual health clinics in London.

It measures:

- Experiences and perpetration of abusive behaviours
- IMPACT
- demographic information
- Depression (HADS)
- Alcohol and drug use (Standard measure)
- Screening questions

# Workstream 1



Survey builds on previous pilot work (Westmarland, Hester & Reid, 2004) which showed that 15% male patients experienced abuse and 16% self-identified as perpetrators in GP practice.

Other work (Hester et al, 2004) showed 32 (out of 45) perpetrators had been to their GP prior to attending a perpetrator programme.

The majority of male patients thought it was helpful for men to be routinely asked about abuse.

# Workstreams 1 & 3



Work with MSM builds on previous work on domestic abuse within same-sex relationships (Donovan & Hester et al, 2007) and in sexual health clinics in particular, The MOZAIC study (Bacchus et al, 2007).

Studies 2 & 8 build upon current work (IRIS project) which looks at general practice interventions to improve quality of care but with female survivors. The PROVIDE studies will look at male victims/perpetrators.

Study 7 explores qualitative perceptions of male patients.

# Workstream 2



Study 3 is an RCT of psychological interventions for female victims of domestic abuse. It builds upon a recently-completed pilot project PATH.

The intervention being tested was developed by Roxane Agnew Davies within a refuge sample, and both the PATH pilot and RCT look at whether this intervention works in a community population.

# Workstream 2



Study 4 is a nested qualitative study in PATH (study 3) to explore perceptions of advocates and clients.

Study 5 is a systematic review of studies measuring DV prevalence in populations of people with mental health disorders; and a systematic review of interview or focus group studies of people with mental health disorders who have experienced DV.

# Workstream 4



Studies 9 & 10 bring together the data from the other workstreams, both quantitative and qualitative, for data synthesis. This will involve a framework analysis of the qualitative data, and linking back to the previous studies on which PROVIDE is based, for example, IRIS and the PATH pilot.

# PROVIDE



A number of key principles underlying PROVIDE:

- Builds on previous work conducted by the team;
- Close links with service provider organisations and service user groups;
- Aim to explore the response of the NHS to DV through effective care for people experiencing abuse AND perpetrators;
- Provide effective interventions which help victims and perpetrators to get appropriate health and other specialist services;
- Studying prevalence is not enough, need to understand the impact of abuse and violence in different health contexts.

# PROVIDE



For further information and to be added to the mailing list email:

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