

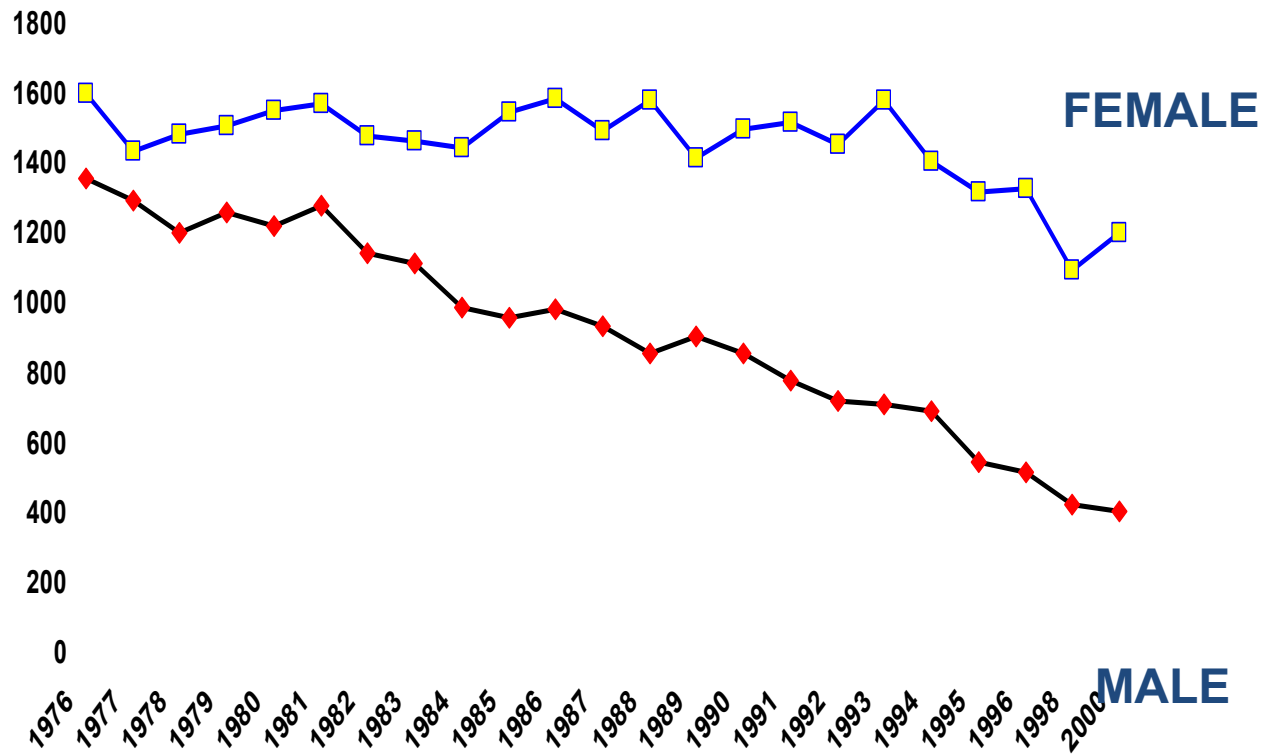
**Domestic Violence, Health, and Mental Health:
Preliminary findings from the PROVIDE studies**

**Presented on behalf of the entire PROVIDE research team
Professor Gene Feder [CI]**

PROVIDE Studies

- Systematic literature reviews of domestic violence and mental health re: victims and perpetrators – Kings College, London.
- Survey responses with male GP patients – Centre for Gender and Violence Research, Bristol.
- Medical records data from survey respondents - Centre for Gender and Violence Research, Bristol.
- PATH trial – School for Social and Community Medicine, Bristol.
- HERMES study – CGVR and LSHTM.

U.S. INTIMATE PARTNER HOMICIDE RATE DECLINE 1976-2000 FBI (SHR, 1976-2000)



[Systematic review and meta-analysis of psychiatric disorder and the perpetration of partner violence.](#)

[Domestic violence and perinatal mental health: systematic review and meta-analysis.](#)

[Prevalence and risk of experiences of intimate partner violence among people with eating disorders: a systematic review.](#)

[Prevalence of domestic violence victimisation amongst psychiatric patients: a systematic review](#)

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[Experiences of domestic violence and mental disorders: a systematic review and meta-analysis.](#)

[Linking abuse and recovery through advocacy: an observational study.](#)

[Disclosure of domestic violence in mental health settings: A qualitative meta-synthesis.](#)

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- Pooled estimates showed an increased risk of having ever been physically violent towards a partner among men with depression, generalized anxiety disorder and panic disorder.
 - Increased risk was also found among women with depression and panic disorder.
 - Psychiatric disorders are associated with high prevalence and increased odds of having ever been physically violent against a partner.
 - As history of violence is a predictor of current violence, mental health professionals should ask about previous partner violence when assessing risk.

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- Increased odds of having experienced DV among women with high levels of depressive, anxiety, and PTSD symptoms in the antenatal and postnatal periods. (Howard et al, 2013).
 - Studies reported that eating disorders are associated with a high prevalence of lifetime IPV among both males and females. Evidence is lacking on eating disorder and past year IPV, on whether associations between eating disorder and IPV vary by type of IPV, and duration. (Bundock et al, 2013).
 - From 42 studies, the average prevalence of lifetime partner violence was 30% among female in-patients and 33% among female out-patients.
 - Among male patients, one study reported a lifetime prevalence of 32% across mixed psychiatric settings. (Oram et al, 2013).
 - From 41 studies, there is a higher risk of experiencing adult lifetime partner violence among women with depressive disorders; anxiety disorders; and PTSD, compared to women without mental disorders. There is a high prevalence and increased likelihood of being a victim of DV in men and women across all diagnostic categories, compared to people without disorders. (Trevillion et al, 2012)
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PROVIDE STUDY – workstream 1

- Survey of 1360 male patients in GPs in S.W.
- Interviews with sub-sample of those men (N=31)
- Examined medical records of sub-sample (N=540)
- Looking at experiences of, and perpetration of,
potentially abusive behaviours
- HERMES Study/IRIS

Survey key findings

- 22.7% of the men who completed the survey reported ever **experiencing negative potentially abusive behaviour**, from a partner. **Note that this figure does not take into account impact and is therefore an unreliable estimate of prevalence of DVA.**
- 65.7% of those who reported experiencing these potentially abusive negative behaviours also reported a negative impact on their mental health.
- 34.9% of men who reported experiencing negative behaviour from a partner, and 30.8% of men who perpetrated negative behaviours towards a partner self-reported explicitly that they had never been in a 'domestically violent or abusive relationship'.

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- One third of the men who perpetrated potentially abusive behaviours (63, 35.4%) thought their perpetration of these behaviours had had a negative impact on their partners.
 - The findings relating to the impact of experience and perpetration on health showed that the mental health of men perpetrating negative behaviours was similar to those experiencing negative behaviours, with worse mental health scores for men who reported having been in a DVA relationship at some point in the past.
 - Men who used some form of negative behaviour against their partners were three to five times more likely to report symptoms of anxiety than non-perpetrators.
 - Men who perpetrated a negative behaviour in the past year were almost 5 times more likely than non-perpetrators to report symptoms of anxiety.

Help-seeking - Provide

Who disclosed too	N	% of the complete sample	% of men who disclosed experience
Friend	48	3.4	18.7
Family	36	2.6	14
Doctor	21	1.5	8
Police	17	1.2	6.6
Helpline	3	0.2	1
Other	9	0.6	3.5

Other responses included: solicitor (2); drugs worker (1); Educational psychologist (1); employer (1); men's charity (1); and therapist (1).

Medical records key findings

- Controlling for other factors, and lifetime experience of potentially abusive negative behaviours, victims and perpetrators had higher rates of GP-documented mental health problems, alongside the self-reported rates highlighted in the survey findings above, than those who had not experienced or perpetrated DVA in their lifetime.
- Self-reported health impacts included: poor general health; anxiety; depression; and long-term illness/disability.
- Those victims or perpetrators of potentially abusive negative behaviours within the past year consulted GPs more often than unexposed men.
- 43% mentioned a mental health problem to their GP in the past year.

PATH Trial

- Showed an decrease in negative mental health scores on different measures following both specialist advocacy AND the PATH mental health intervention.
- This change was more (statistically) for the PATH intervention.

IRIS

WORKS!



Feder G. Davies RA. Baird K. Dunne D. Eldridge S. Griffiths C. Gregory A. Howell A. Johnson M. Ramsay J. Rutterford C. & Sharp D. (2011) Identification and Referral to Improve Safety (IRIS) of women experiencing domestic violence with a primary care training and support programme: a cluster randomised controlled trial. *Lancet*. 378(9805):1788-95.

HERMES intervention:

- Training for general practice staff
- Identification and referral pathway
- Measure of pre-post identified cases
- Measure of pre-post practitioner behaviour (PIM)
- Measure of pre-post referred cases

Number of male patients documented within the medical record as experiencing or perpetrating DVA

Six-months period	Perpetrators			Victims		
	Definite	Possible	All	Definite	Possible	All
Pre-Intervention	4	1	5	0	1	1
Post-Intervention	7	4	11	6*	0	6*

*=4 of these 6 victims were victims of DVA within the wider family context and not DVA within an intimate partnership.

HERMES

KIND OF WORKS!



Williamson, E. Jones, S.K., Ferrari, G., Debbonaire, T., Feder, G., Hester, M (2015) HEalth professionals Responding to MEn for Safety (HERMES): feasibility of a general practice training intervention to improve the response to male patients who have experienced or perpetrated domestic violence and abuse. Primary Healthcare Research & Development. Firstview Sept. 2014.

Conclusion

- Need to recognise the (different) health and mental health impacts for all – men, women, victims, perpetrators.
- If perpetrators are accessing services for depression and anxiety then we can identify those patients and signpost to services.
- Whilst the ‘causal’ link between MH and DV is unclear – We need more research to test mental health and experience/perpetration of abuse over time.
- Remember when discussing health we are referring to both morbidity and mortality.

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Additional resources:

www.provide.ac.uk

www.Bristol.ac.uk/sps/genderviolence

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