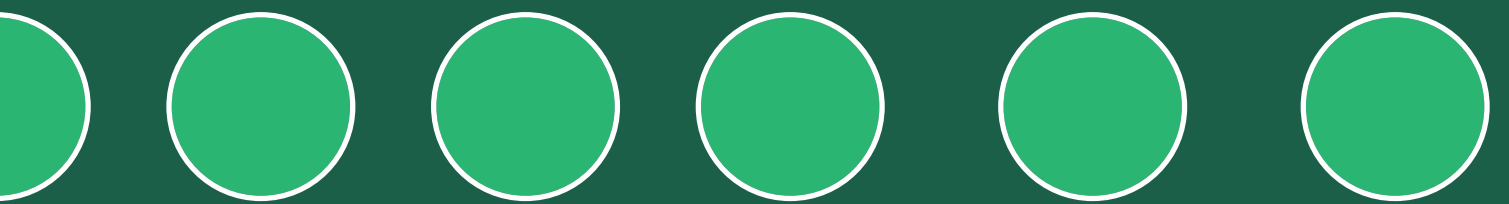


# Provide Intervention Measure (PIM) Survey



# Introduction

We are asking practitioners in the designated practices/clinics to complete this survey at two points in time before and after receiving a training intervention designed to increase the identification and referral of male victims/perpetrators of domestic abuse.

To answer the specific questions of this project, we have broken down the responses in terms of female victims (all), heterosexual and gay male victims, heterosexual and gay male perpetrators. We have deliberately not asked questions about female perpetrators because we think it is unlikely you will have received training on this issue and there is very little evidence relating to this group.

Throughout this survey, the term 'domestic violence' is used. This refers to physical, sexual, psychological/emotional or financial violence that takes place within an intimate or family type relationship (Women's Aid Federation of England).

Please answer as honestly as you can so that we can assess the effectiveness of the training. The results of the survey will be used anonymously to look at overall differences in practice after training.

## 1. CONSENT

- The survey will only be used **anonymously**. We only require a unique identifier to link your prepost surveys in order to measure any changes.
- You can choose to **stop taking part** at any time.
- We will be using the **anonymised data** to look at whether the training you receive is effective or not.
- You will **not be named** in any of the reports or articles which are published.

**Please tick the box below to confirm your consent to taking part in this research.**

I consent to taking part in this research

# Section 1 – General details

This section asks for general details about you so that we can understand who has received the training intervention across the different practices/clinics.

**All information will be treated in confidence and anonymised.**

## 2. Please insert your unique identifier code

Your unique identifier code will be your initials and day of birth (e.g. EW20). This is so that we can match your second survey to identify any changes.

## 3. Please enter the date you are completing this survey

Please enter date  /  /

## 4. Please tell us your age in years

Age

## 5. Please tell us your gender

## 6. Please tell us your clinical discipline

- |   |  |
|---|--|
| <input type="radio"/> Clinic Nurse      | <input type="radio"/> Health Advisor             |
| <input type="radio"/> Clinic Doctor     | <input type="radio"/> Administrator/Receptionist |
| <input type="radio"/> Clinic Counsellor | <input type="radio"/> Other (please specify)     |

## 7. Please tell us the year of qualification in this discipline (if relevant)

## 8. For how many years have you worked in a general practice setting?

Number of years

## 9. Average number of patients you care for (with face-to-face contact) per week?

## Section 2 – Background

This section asks about the training you may have received in relation to addressing domestic violence issues with different types of patient. Although some of the questions are similar it is important for us to know what kind of training you may, or may not, have received.

### 10. How much **PREVIOUS** training about domestic violence have you had?

(Please tick all that apply)

- Watched a video
- Completed a web-based programme
- Attended a lecture or talk
- Attended a skills-based training or workshop
- Medical/nursing/other school-classroom training
- Medical/nursing/other school-clinical setting
- Registrar/other post-graduate training
- MOZAIC training related to research
- IRIS training related to research
- Other in-depth training (more than 4 hours)
- Other (please specify)

- I have never received domestic violence training  
(please go straight to question 13)

### 11. Did any of this previous training include information about the following?

(Please tick all that apply)

- Women as victims
- Heterosexual men as victims
- Heterosexual men as perpetrators
- Gay/bisexual men as victims
- Gay/bisexual men as perpetrators

### 12. Estimated total number of hours of previous training in domestic violence?

**13. Please indicate how prepared you feel to perform the following tasks for the different patient groups.**

Please circle the number which best describes **how prepared you feel to** perform the following:

(1 = Not prepared; 2 = Slightly; 3 = Moderately; 4 = Fairly well; 5 = Well prepared)

	Not prepared		Well prepared		
	1	2	3	4	5
<b>Ask appropriate questions about domestic violence for:</b>					
female patients who may be victims	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
heterosexual male patients who may be victims	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
heterosexual male patients who may be perpetrators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gay/bisexual male patients who may be victims	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gay/bisexual male patients who may be perpetrators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Appropriately respond to disclosures about abuse from:</b>					
female patients who may be victims	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
heterosexual male patients who may be victims	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
heterosexual male patients who may be perpetrators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gay/bisexual male patients who may be victims	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gay/bisexual male patients who may be perpetrators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Identify signs and symptoms associated with domestic violence based on patient history and physical examination for:</b>					
female patients who may be victims	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
heterosexual male patients who may be victims	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
heterosexual male patients who may be perpetrators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gay/bisexual male patients who may be victims	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gay/bisexual male patients who may be perpetrators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Make appropriate referrals for:</b>					
female patients who may be victims	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
heterosexual male patients who may be victims	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
heterosexual male patients who may be perpetrators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gay/bisexual male patients who may be victims	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
gay/bisexual male patients who may be perpetrators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Section 3 – Practice issues

This section deals with what you currently do in practice. Your responses will be treated anonymously so please be as honest as possible in your answers.

**14. In relation to FEMALE patients (heterosexual and lesbian) who present as VICTIMS, how many new diagnoses of domestic violence would you estimate you have made in the last 6 months?**

	None	1–5	6–10	11–21	21 or more	N/A not in clinical practice
New acute case	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncovered ongoing abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient disclosed past history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**15. In relation to MALE HETEROSEXUAL patients who present as VICTIMS, how many new diagnoses of domestic violence would you estimate you have made in the last 6 months?**

	None	1–5	6–10	11–21	21 or more	N/A not in clinical practice
New acute case	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncovered ongoing abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient disclosed past history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**16. In relation to MALE HETEROSEXUAL patients who present as PERPETRATORS, how many new diagnoses of domestic violence would you estimate you have made in the last 6 months?**

	None	1–5	6–10	11–21	21 or more	N/A not in clinical practice
New acute case	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncovered ongoing abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient disclosed past history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**17. In relation to MALE patients in a SAME-SEX RELATIONSHIP who present as VICTIMS, how many new diagnoses of domestic violence would you estimate you have made in the last 6 months?**

	None	1–5	6–10	11–21	21 or more	N/A not in clinical practice
New acute case	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncovered ongoing abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient disclosed past history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. In relation to MALE patients in a SAME-SEX RELATIONSHIP who present as PERPETRATORS, how many new diagnoses of domestic violence would you estimate you have made in the last 6 months?

	None	1-5	6-10	11-21	21 or more	N/A not in clinical practice
New acute case	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncovered ongoing abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient disclosed past history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Please tick all the situations listed below in which you REGULARLY ASK DIRECTLY ABOUT DOMESTIC VIOLENCE (before a patient has spontaneously disclosed) in relation to the different patient groups listed.

Not applicable I am not in clinical practice. Please go straight to question 20	<input type="radio"/>
I do not regularly ask any group about domestic violence if it is not disclosed. Please go straight to question 20	<input type="radio"/>

I regularly ask about domestic violence:	Female Patients heterosexual or lesbian	Male heterosexual patients	Male patients in same-sex relationships
if they or their partner is pregnant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
for all patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
for teenagers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
for young adults (under 30 years old)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
for older patients (over 65 years old)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
for married patients (including those in civil partnerships)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
for single or divorced patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
for single parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
for Black or Minority Ethnic (BME) patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
for refugees/asylum seekers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
for parents where child abuse or neglect is confirmed or suspected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

20. How often, in the past 6 months, have you asked about the possibility of being a VICTIM of domestic violence when seeing a FEMALE patient with the following:

	Never	Seldom	Sometimes	Nearly always	Always	N/A
Physical Injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic pelvic pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dyspareunia (painful sex)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritable bowel syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression/anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep disruption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STIs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug abuse issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol abuse issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. How often, in the past 6 months, have you asked about the possibility of being a VICTIM of domestic violence when seeing a MALE HETEROSEXUAL patient with the following:

	Never	Seldom	Sometimes	Nearly always	Always	N/A
Physical Injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic abdominal pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritable bowel syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression/anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep disruption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STIs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug abuse issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol abuse issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**22. How often, in the past 6 months, have you asked about the possibility of being a PERPETRATOR of domestic violence when seeing a MALE HETEROSEXUAL patient with the following:**

	Never	Seldom	Sometimes	Nearly always	Always	N/A
Physical Injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic abdominal pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritable bowel syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression/anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep disruption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STIs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug abuse issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol abuse issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**23. How often, in the past 6 months, have you asked about the possibility of being a VICTIM of domestic violence when seeing a MALE patient in a SAME SEX relationship with the following:**

	Never	Seldom	Sometimes	Nearly always	Always	N/A
Physical Injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic abdominal pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritable bowel syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression/anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep disruption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STIs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug abuse issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol abuse issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**24. How often, in the past 6 months, have you asked about the possibility of being a PERPETRATOR of domestic violence when seeing a MALE patient in a SAME SEX relationship with the following:**

	Never	Seldom	Sometimes	Nearly always	Always	N/A
Physical Injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chronic abdominal pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irritable bowel syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Headaches	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression/anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep disruption	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STIs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug abuse issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol abuse issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**25. In the past 6 months, which of the following ACTIONS have you taken when you have identified domestic violence for the different patient groups? (please tick all that apply)**

(For brevity the column headings contain 2 abbreviations: 'het' means heterosexual: 'gay' means men in same-sex relationships.)

	Female victim	Male het victim	Male het perpetrator	Male gay victim	Male gay perpetrator
Have NOT identified domestic violence in the past 6 months for this group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided INFORMATION (phone number, pamphlet, website) for a NATIONAL organisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided INFORMATION (phone number, pamphlets, website) for a LOCAL organisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counselled patient about the options they may have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Referred patient to:</b>					
INDIVIDUAL COUNSELLING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COUPLES COUNSELLING	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DOMESTIC VIOLENCE victim or perpetrator COURSE (as relevant)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ANGER management COURSE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A&E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SPECIALIST DOMESTIC VIOLENCE service or safe house/refuge, independent domestic violence advocate (IDVA) or sexual violence advocate (ISVA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ALCOHOL/SUBSTANCE ABUSE counselling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lesbian/Gay/Transgender/Bisexual SUPPORT GROUP (generic or specifically for domestic or sexual violence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

**26. Is there a protocol for dealing with domestic violence at your practice or clinic?**

- Yes, and I use it
- Yes, but I do not use it
- No, please go straight to question 28
- Unsure, please go straight to question 28
- I am not currently in a clinical setting
- Other (please specify)

**27. If your practice/clinic has a domestic violence protocol, which of the following groups does it specifically identify? (Please tick all that apply)**

- It is a generic protocol and does not distinguish groups
- Specifically addresses female victims
- Specifically addresses male victims
- Specifically addresses male perpetrators
- Specifically addresses male victims in same-sex relationships
- Specifically addresses male perpetrators in same-sex relationships
- Other (please specify)

**28. For the following groups, are domestic violence patient education or resource materials (POSTERS, LEAFLETS, BROCHURES etc) available at your practice site?**

(For brevity the column headings contain 2 abbreviations: 'het' means heterosexual: 'gay' means men in same-sex relationships.)

	For female victims	For male het victims	For male het perpetrators	For male gay victims	For male gay perpetrators
<b>Yes, well displayed and accessible to patients</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Yes, but not well displayed or accessible to patients</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>No</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Unsure/don't know</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Not applicable to my patient population</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**29. Do you think there are adequate support organisations to which you can refer the following patients affected by domestic violence?**

(For brevity the column headings contain 2 abbreviations: 'het' means heterosexual: 'gay' means men in same-sex relationships.)

	For female victims	For male het victims	For male het perpetrators	For male gay victims	For male gay perpetrators
<b>Yes</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>No</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Not applicable to my patient population</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Section 4 – Thank you

If you have completed this form electronically, please save it using your initials and day of birth (e.g. EW20) and return it to [e.williamson@bristol.ac.uk](mailto:e.williamson@bristol.ac.uk)

If you have printed and completed a hard copy, please return to:

Dr. Emma Williamson,  
University of Bristol,  
School for Policy Studies,  
8 Priory Road,  
Bristol, BS8 1TZ.

If you have any questions please contact [e.williamson@bristol.ac.uk](mailto:e.williamson@bristol.ac.uk)

We will be re-contacting staff in the participating practices to complete a follow-up survey in a few months time. **Thank you again for your assistance.**

**30. If you have any additional comments, please use the text box below or you can email the research team: [sue.jones@bristol.ac.uk](mailto:sue.jones@bristol.ac.uk)**