

Participant information sheet and consent:

Healthcare professionals who have experienced domestic abuse/coercive control (and who may also have a role supporting other healthcare staff)

We would like you to take part in our research for healthcare professionals working in primary or community care who have experienced domestic abuse/coercive control. You are eligible if you have experienced coercively controlling, abusive, and/or violent behaviours from a partner, ex-partner, or family member. You are also eligible if you have a role supporting other healthcare staff who might have experienced domestic abuse/coercive control.

The UK government defines domestic abuse as being from the age of 16, and since we are using this definition, the survey will unfortunately not be relevant if you experienced abuse before you were 16, but not after this time. Similarly, it will not be relevant if you have experienced abuse from someone aged under 16 (e.g., from your adolescent child), but not from anyone else. However, we recognise that these types of abuse happen and can have a long-lasting impact. The next page lists support services for these types of abuse.

Alison Gregory and Sandi Dheensa at the University of Bristol, and June Keeling at Keele University are leading this research, with research partners from University of Oxford, Queen Mary University of London, University College London, and University of the West of England.

What is the purpose of this research?

We want to improve services and support for healthcare professionals who have experienced domestic abuse/coercive control.

What is domestic abuse/coercive control?

People often think of domestic abuse as being from one partner towards another, but the term also applies to abuse from other family members, for example, from adult children to their parents, from parents to adult children, from adult siblings, and from in-laws.

It involves an abusive person using a pattern of assaults, threats, manipulation, humiliation, intimidation, or other abuse to harm, punish, or frighten the other person.

Coercive control is a particular form, or aspect, of domestic abuse. It is an ongoing pattern of behaviour. An abusive person uses coercive control to limit the other person's freedom. They might isolate them from support, exploit them, deprive them of independence, or regulate their everyday behaviour. Coercive control can create a sense of fear that affects all parts of the person's life.

Domestic abuse sometimes involves physical and sexual violence, but not always. It can be psychological, motional, and/or financial. It also includes 'honour'-based abuse, female genital mutilation (FGM), forced marriage, and online abuse.

Abuse and control can make the person feel that they need to change their behaviour to prevent the abusive person from getting angry, putting them down, or hurting them. Some people describe this experience as 'walking on eggshells'.

What does participation in this research involve?

It will involve a survey that asks about your experiences of domestic abuse/coercive control, the impact on you, and your experiences seeking and getting support. The survey has free-text questions and 'tick all that apply' type questions.

We estimate that reading this information and completing the survey will take around 25 to 40 minutes, depending on how much detail you give in your free-text answers. You can take a break from the survey by clicking 'Save & Return Later' at the bottom of the screen. On-screen instructions will tell you how to return to your survey.

At the end of the survey, you can state whether you would like to be interviewed by Alison Gregory or Sandi Dheensa. The interview will involve more in-depth questions about your experiences.

If you do not want to complete this survey, but you would like to be interviewed, please contact Alison or Sandi (contact details are at the end of this section).

Do I have to take part?

No. It is completely up to you whether you take part.

What if I am a healthcare professional working outside of primary or community care?

You are welcome to take part. We will use your data and value your input. Please just make the area in which you work clear on the survey.

What are the possible disadvantages and risks of taking part?

You may find it difficult or upsetting to answer these questions, but you can skip questions you feel uncomfortable or unsafe answering. You can take a break by clicking 'Save & Return Later'. We provide details of support agencies at the start and end of the survey if you feel you would like support.

What are the possible benefits of taking part?

Your participation may help us to develop support for healthcare professionals, and would help to ensure that any support is grounded in the experiences of people affected by domestic abuse/coercive control.

How can I complete the survey safely?

Try to complete it in a quiet and private place where others cannot see your answers.

If you feel unsafe answering questions about abuse and control because the abusive person checks or monitors your device (i.e., your phone, tablet, or computer), do not take part in this survey on the device.

Internet browsers keep a record of all the webpages you visit, in your 'history'. The survey's webpage will show up in your history, but no one will be able to read your answers. If you feel you would be safer deleting your history, you can read about how to delete it here <https://www.domesticabuseservices.org.uk/browser-safety/>

You can read more about how to use the internet safely if an abusive person monitors your internet activity here <https://www.womensaid.org.uk/cover-your-tracks-online/>

Will my participation in this study be kept confidential?

This study is completely independent of the NHS and other bodies such as healthcare regulators, unions, and Royal Colleges.

Your involvement will remain confidential. The only exception would be if you share your name and contact details and you disclose information that suggests a serious risk of safety to any person including yourself, or risk to a child.

In these cases, the University of Bristol researchers (Alison Gregory or Sandi Dheensa) will share information with relevant agencies. They would discuss this sharing with you first, if possible.

What will happen to my data?

The REDCap survey web application is General Data Protection Regulation (GDPR)-compliant and secure. We will download survey data to our study folder, in a secure drive on University of Bristol's servers. Only the University of Bristol researchers (Alison Gregory and Sandi Dheensa) have access to the study folder.

We will also store the data in University of Bristol's Research Data Storage Facility during the study and for a minimum of 20 years afterwards. The data will then be destroyed. Only the lead researchers (Alison, Sandi, and June Keeling) will have access to this facility.

We will delete all survey data from REDCap at the end of the research period.

The legal basis we are applying to process your personal data is that 'processing is necessary for the performance of a task carried out in the public interest' (Article 6(1)(e)).

What will happen to the results of the research?

We will write research papers and share the findings at events and meetings. We will not present anyone's individual survey responses: instead, we will pool together everyone's responses as percentages. We may present quotations from your free-text answers but will



remove any specific details that could reveal your identity. We may use data in a report to our funder. We may also use the data to answer related questions for related studies.

If you would like a summary of the research findings, please check our study's webpage: <https://www.bristol.ac.uk/primaryhealthcare/researchthemes/pressure-study/>

Will you share my information with anyone?

We will combine all the responses to this survey into an anonymised dataset showing the overall findings, and share the dataset through the University of Bristol's data repository, data.bris. Other researchers would be able to request access to the data. Your individual responses would not be shared. You can choose whether to contribute your survey data to this dataset on a later page of the survey.

What if I take part and then want to withdraw my data?

You are free to withdraw your data from the research, without reason or consequence, before we conduct our final data analysis. Whether you completed all the survey questions, or whether you clicked 'Save & Return Later', please contact Alison Gregory or Sandi Dheensa if you wish to withdraw. We will then permanently delete your survey response.

If you wish to withdraw your data after we have begun our final analysis, we will use the anonymised data we have collected up to that point (i.e., in reporting percentages in reports) but not your free-text responses.

Please note, to withdraw your data, we would need a way to identify your survey (for example, by your name if you stated an interest in a follow-up interview, or by you telling us one of your free-text answers).

Has anyone checked that the study is well-designed and ethical? University of Bristol's Faculty Ethics Committee has assessed whether the study protects your safety, rights, well-being, and dignity and has approved the study.

Who has funded the study?

The National Institute of Health and Care Research School for Primary Care Research has funded this study.

What if there is a problem?

If you have concerns, please contact Alison Gregory or Sandi Dheensa. If you do not wish to speak to the researchers directly, or if you want to make a complaint, please contact Professor Gene Feder (0117 455 5897, gene.feder@bristol.ac.uk). You may contact University of Bristol's Research Governance Team (research-governance@bristol.ac.uk) as an independent contact. University of Bristol also holds insurance policies that apply to this study.

What if I have accessibility needs?

If you need this survey in a different format or need support completing it, please contact Alison Gregory or Sandi Dheensa.

What if I am unsure whether I have experienced domestic abuse/coercive control?

Everyone's experiences are unique, and the survey questions cannot accurately determine whether you have experienced domestic abuse/coercive control. However, a domestic abuse adviser can talk with you in more detail if you feel you would like support around this: the next page lists support organisations.

Contacts for further information

Dr Alison Gregory alison.gregory@bristol.ac.uk 07874 700 852 / 0117 456 0133

Dr Sandi Dheensa sandi.dheensa@bristol.ac.uk 07812 397 705 / 0117 455 4514

Consent

- I confirm that I have read and understood all the information presented on the information pages, and understand that completing this online survey means that I consent to participate in this research study.

- [OPTIONAL] I opt in to have my anonymous survey data made available to other researchers through data.bris.

If you choose to opt in, we will remove anything that could identify you from your free-text responses. The dataset would be shared and treated as 'controlled data', which has the strictest access restrictions: only legitimate researchers can request access and requests would be referred to a Data Access Committee for approval.