



The second in a series of briefing papers outlining research from the PROVIDE research programme.

The PROVIDE Survey

Developing the PROVIDE measure of potentially abusive behaviours.

This working paper is intended to provide research teams in the gendered violence field with information about how the [PROVIDE](#) measure was developed and designed.

The cross-sectional survey was developed to be used with male patients in GP practices (Bristol – workstream 1) and sexual health clinics (London – Workstream 3) and was developed using a range of standardised questions from the previous work of the PROVIDE team, and others.

The development phase of the survey involved the research teams from both workstreams 1 and 3 of the [PROVIDE](#) programme, alongside detailed discussion with experts from the wider programme team and advisory group. All decisions about the survey were discussed in the advisory group meetings as well as within the Workstream 1 & 3 meetings.

As such, this is a collaborative process which was intended to build upon the work conducted in relation to the Composite Abuse Scale (Hegarty et al, 2005), the COHSAR, (COmparing Heterosexual

and Same sex Abuse in Relationships, (McCarry, Hester and Donovan 2008; Hester, Donovan and Fahmy 2010) survey, and to address concerns with the Conflict Tactics Scale (Williamson, 2012).

The PROVIDE measure underwent a number of incarnations before the final version (v.3) was implemented in practice. In the interests of reducing the burden on respondents, several sections of earlier drafts of the survey needed to be reduced or removed, including questions about posttraumatic stress disorder; stressful life events; and different standardised measures of abuse. The final version was split into two self-contained parts in anticipation of some participants not being able to complete the whole questionnaire while waiting to be seen by a clinician in a health care setting.

Section 1: Demographic questions

These questions matched those used in the UK National Census to facilitate comparison with the wider population during the analysis phase with an additional question about sexual orientation.

Section 2: Health and Wellbeing

As well as three general questions about the impact of ill health, this section included the Hospital Anxiety and Depression Scale (HADS) which is a screening tool for measuring anxiety and depression symptoms. This tool has been validated for use in hospital and community settings (Herrmann, 1997).

Sections 3-5: Relationships

Previous surveys have shown the value of asking detailed questions about the types of potentially abusive behaviours respondents have experienced or perpetrated in the past, however it quickly became apparent that this would not be feasible in the context of limited time while awaiting an appointment. We also had concerns that very detailed questions about specific types of behaviours may be distressing to some participants and that it would be more ethical to offer a further warning to ensure that they were aware of the nature and detail, and consented to answer the questions in part two. Therefore, 4 screening questions for use with all respondents in part one of the survey were developed which were:

1. As an adult, have you ever felt frightened of the behaviour of a partner?
2. Have you ever needed to ask your partner's permission to work, go shopping, visit relatives, or visit friends? (Beyond the usual being considerate to and checking with your partner);
3. As an adult, have you ever been hit, slapped, kicked or otherwise physically hurt by a partner?
4. As an adult, has a partner ever forced you to have sex or made you engage in any sexual activity when you did not want to?

These four questions arose from the COHSAR survey (Hester & Donovan, 2009; Hester, Donovan & Fahmy, 2010) as well as through a review of the equivalent surveys being used internationally. We consulted with the WEAVE project (Hegarty et al, 2013), and MOSAIC study teams (Taft et al, 2009), about the types of questions they were using to elicit responses about the prevalence of potentially abusive behaviours. These surveys were using very similar screening questions to ascertain experiences of fear, physical abuse, coercion, and control. The four screening questions simply asked whether the respondent had ever experienced them, 'yes' or 'no'. If there was a positive response, the respondent was directed to further questions. These follow-up questions were included to clarify the identity of the perpetrator; whether this was an isolated incident or part of a pattern of abuse/controlling behaviour; whether it had got worse over time; whether this had occurred in the past 12 months, and the impact this had on daily life. We also asked if the respondent had told anyone about these experiences. All of these questions were then repeated in relation to perpetration of potentially abusive behaviours.

Section 6:Alcohol

In order to measure respondents' alcohol consumption we used a shortened version of the AUDIT measure of alcohol consumption (Saunders et al, 1993; Babor et al, 2001). The full version of the AUDIT measures: 1) (Hazardous) alcohol consumption, 2) dependence symptoms, and 3) harmful alcohol use. The shorter version, referred to as AUDIT-C, uses the first three of the full ten question measure to ascertain the level of alcohol consumption (Kriston et al, 2008). In addition, to enable respondents to identify the number of alcohol units they were consuming, we reproduced a visual image of what a single unit of alcohol consists of. The three questions asked were:

- 1) How often do you have a drink containing alcohol (with visual image as guide),
- 2) How many units of alcohol do you drink on a typical day when you are drinking?
- 3) How often do you have six or more alcoholic drinks on one occasion?

The pilot of the survey showed need for some clarification on these questions. Firstly, it was made clear that we were asking about alcohol intake on a typical day when someone was drinking, and secondly when referring to the number of drinks we clarified that we were referring to alcoholic drinks.

Section 7:Illicit drug use

Due to time constraints we were unable to include the complete DUDIT measure (The Drug Use Identification Test) (Berman et al, 2005) and instead asked three simple questions, with relevant sub-questions, in order to establish illicit drug use. As such, the questions we asked on illicit drug use were not pre-validated. The questions we asked were:

- 1) Have you ever used any of these drugs? Followed by a list of more common illicit drugs listed in the DUDIT measure and a question about whether this was in the previous 12 months.
- 2) Have you ever used cannabis? And if so, was this in the past 12 months
- 3) If respondents had answered "yes" to either of the first two questions they were then asked how often this occurred at the present time.

The separation of the first two questions listed here took place after the piloting phase following feedback from respondents that they were uncomfortable answer "yes" to a question about class A drugs when they considered their cannabis use less serious and more recreational. As such, this represents a modification from the standard DUDIT measure.

Section 8: Health professionals asking about relationship issues

These questions were amended from previous research conducted by Westmarland, Hester & Reid (2006), which asked male patients whether they thought that GPs should ask their male patients about domestic violence and abuse or not. As with previous questions we asked for respondents' views about health practitioners enquiring about experience and perpetration of potentially abusive behaviours. We also asked whether respondents had been asked by health practitioners about their experience of, and perpetration of, potentially abusive behaviours as this is an under researched area. Research which has looked at the previous help seeking of perpetrators of domestic abuse who subsequently attend perpetrator programmes has shown that many men say they have previously spoken to their GP (Hester, M., et al 2006).

Section 8.5: Using services

This section of the survey was originally in part two of the survey, but due to its importance in enabling an economic analysis, was moved to part one in order to increase the number of respondents who completed it. We started with the LARA service use schedule (Trevillion et al, 2013), used previously by PROVIDE co-investigators in another study, and adapted those questions to fit the needs of the PROVIDE aims and objectives.

Part two of the survey: Potentially abusive behaviours

Much of the research which has examined the prevalence of domestic violence amongst male victims has not included questions to measure either the extent of potentially abusive behaviours respondents have experienced or the impact of these behaviours.

Research with heterosexual men has also problematised the relationship between men who are victims and those who may also be engaging in abusive behaviours against their partners (Gadd, 2002).

The development of the PROVIDE measure was intended to address this concern by including questions about impact. We agreed at the first advisory group meeting to develop the validated

survey used in the COHSAR study (Hester & Donovan, 2009; Hester, Donovan & Fahmy, 2010). COHSAR was developed from British and American measures, includes impact measures and clarifies context and relationship between victim and perpetrator. It has good internal consistency reliability, and has been used in health care settings, although it has not been tested against other measures. The COHSAR survey was designed for use by gay men (and lesbian women) while being comparable to data on heterosexual populations which also meant that the survey was reliable for use with the population in both workstream 1 and workstream 3.

For some items in the scale there were only minor differences between the wording of the COHSAR survey and other standardised measures such as the CAS and CORE. In these cases we tried to make sure that the wording on the PROVIDE survey was comparable to those used in other surveys. We also compared the questions in COHSAR with the Experience Of Abuse Questionnaire used in previous research by [Roxane Agnew-Davies](#) (Rees et al, 2006). The advisory group discussed whether it would be possible to include more than one standard measure of abuse in its entirety, in order to compare and thus validate the different measures, but this would have increased respondent burden and the amount of time required to complete the survey. As such, ensuring that the wording of the questions was comparable was the chosen option. In the development process we also considered other internationally recognised measures, such as the Conflict Tactics Scale. Due to the lack of questions concerned with impact, it was decided to discount this measure.

Part two of the survey, based on the questions used in the COHSAR survey, includes the types of behaviours which are normally asked when considering the potentially abusive behaviours experienced by women, as well as additional questions regarding coercive control such as those relating to driving (Driving too fast while you are in the car, and drink-driving while you are in the car) and work (stopped you from working). We also included questions from the COHSAR survey, which would relate specifically to gay and

bisexual men and these questions were added towards the end of the scale under the header, "If you have had a male partner, please answer the following". For example: "Accused you of not being a real gay man"; "threatened to out you"; and "threatened to out you so that you lose your children".

Support information

We recognised that it was important to offer respondents information about relevant support services for men experiencing and/or perpetrating potential abusive behaviours. As such, we included at the end of the survey a list of relevant organisations. In addition, where the research and respondent had time, and where it was safe to do so, men were verbally offered an A5 print out of these organisations and told that they were being given it in case they, or someone they knew, would benefit from having the contact details.

Other measures considered

The PROVIDE survey as a whole underwent extensive consultation within the programme team and advisory group. A wide range of standard clinical and research measures were considered for inclusion to measure various potential health impacts of abuse and a list of these are provided below. The main reason for excluding some of the considered measures was concern about the burden on respondents and a lack of time in the study setting.

For mental health:

Clinical Outcomes in Routine Evaluation (CORE); Trauma Symptom Inventory (TSI); Impact of Events Scale (IES); Posttraumatic Diagnostic Scale (PDS); Davidson Trauma Scale (DTS); Primary care PTSD screen.

Quality of Life measures:

EQ-5D; CORE (which also has a functioning sub-scale); SF-36; SF12.

EQ-5D; CORE (which also has a functioning sub-scale); SF-36; SF12.

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