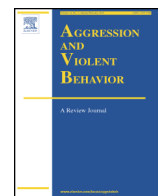




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Aggression and Violent Behavior



The role of gender, sexuality and context upon help-seeking for intimate partner violence: A synthesis of data across five studies

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ABSTRACT

Programmes of research which combine related studies are commonplace, including in the field of Intimate Partner Violence (IPV). Whereas the systematic synthesis of published qualitative data is now well established, the synthesis of qualitative data that make up a programme of work is rare. A Programme of Research on Violence in Diverse Domestic Environments (PROVIDE) is a UK NIHR funded programme. The five studies associated with PROVIDE are sited in general practice, sexual health clinics, mental health services and 3rd sector IPV agencies. Synthesising the data from across the studies offered an opportunity to highlight variations in help-seeking strategies according to gender and sexual orientation and identify variations in help-seeking across different contexts. The approach to the synthesis was meta-ethnography. The synthesis identified 23 2nd order constructs in relation to helpseeking. Findings show gender and sexuality influences how help-seeking in different contexts is viewed. Disclosure of IPV to mental health services was rare. Women favour help-seeking from primary care which is familiar and where they are known, whilst gay men favour help-seeking from GUM clinics where there is a taken for granted acknowledgement of sexual identity. These differences suggest an intersectional approach to providing support services for IPV is needed.

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1. Introduction

Programmes of research which combine related studies are increasingly commonplace, including in the field of intimate partner violence (IPV). Yet data from individual studies that make up a programme of work are rarely systematically brought together and usually not included in a meta-synthesis of data. A Programme of Research on Violence in Diverse Domestic Environments (PROVIDE) is a UK National Institute of Health Research funded programme which ran between October 2009 and September 2014 (see <http://www.bristol.ac.uk/social-community-medicine/projects/provide/>). The programme was divided into four workstreams which built on previous work conducted by members of the research team. Workstream 1 (WS1) built on and used insights from previous work looking at male perpetrators of domestic violence (Hester et al., 2006), on women's help-seeking in GP surgeries, and on the IRIS study (Identification and Referral to Improve Safety of women experiencing domestic violence) (Feder et al., 2011). This workstream considered the prevalence of domestic violence in men attending general practice surgeries, and the healthcare responses to these men. Workstream 2 involved a randomised controlled trial of a psychological intervention delivered by specialist IPV advocates (Psychological Advocacy Towards Healing: PATH). This built on previous work including the LARA project (Trevillion, Byford, et al., 2014) which had looked at the prevalence and experiences of IPV for those with mental disorders and how health services should respond to these. Workstream 3 (WS3) involved a cross-sectional survey and qualitative study in order to examine the impact of IPV on men who have sex with men (MSM) and to develop a pilot intervention for sexual health practitioners to promote

enquiry about experiences or perpetration of domestic violence and to improve management after disclosure. The final workstream (WS4) of which this paper forms a part, involved the meta-synthesis of data from across the wider programme.

Thus, the five studies associated with PROVIDE are sited in general practice (IRIS, WS1), sexual health clinics (WS3), mental health services (LARA) and 3rd sector domestic violence agencies (PATH) (See Table 1). The topics explored by these studies range from the prevalence of domestic violence in health care settings, mental health care responses for women and men as victims, health care responses for men as victims or perpetrators and improving outcomes for women seeking help from domestic violence agencies with a psychological intervention. PROVIDE therefore offered a unique opportunity to conduct a meta-synthesis of data across the programme in order to explore variations in help-seeking strategies between different groups according to gender and sexual orientation as well as variations in help-seeking across a range of healthcare and advocacy contexts.

1.1. What we already know about help-seeking in the context of IPV

The health impacts of domestic violence and abuse are well known (Ellsberg, Jansen, Heise, Watts, & Garcia-Moreno, 2008). In a systematic review of associations between intimate partner violence (IPV) and health in men who have sex with men (MSM), one study found that 'exposure to IPV as a victim is associated with increased odds of substance use, depressive symptoms and being HIV positive' (Buller, Devries, Howard, & Bacchus, 2014, p.7). Systematic reviews of associations between IPV and mental disorders find that, across the diagnostic

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