

POLICY OPTIONS

Final Report: Promoting EARly intervention with men's use of violence in ReLationships through primary care

(PEARL study)

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Policy context

In 2014 the Australian Primary Health Care Research Institute (APHCRI) sought applications for the 'Supporting research capacity building in primary health care program' APHCRI Foundation Grants. The APHCRI grant, Promoting EARly intervention with men's use of violence in ReLationships through primary care study (PEARL) sought to address current evidence gaps by developing and piloting a consumer-informed early intervention in primary care for men who use violence.

Domestic violence (DV) is a major social issue in Australia,(1) resulting in severe negative effects on women's and men's mental and physical health.(2-4) It is primarily perpetrated against women by men (1) with one in five Australian women reporting physical or sexual abuse in a relationship by their male partners.(2)

It is becoming increasingly acknowledged in policy and practice that efforts to end violence against women must address male perpetrators.(5) The World Health Organization has identified the crucial role of an effective primary care system in prevention of DV.(6) General practitioners (GPs) are well-placed to identify and respond to DV and are often the only clinicians seeing both women experiencing abuse and perpetrators. However, there is very limited evidence to guide the practitioner response (7) and currently the majority of perpetrators are not even identified.(8) It is essential that GPs be equipped to recognise the warning signs of perpetration and to respond appropriately, yet there is currently a major evidence gap for how to intervene early with male perpetrators in primary care.

Key findings

There were five phases to this intervention development,

1. pilot the feasibility of a primary care intervention in general practices
2. review the literature around interventions for male perpetrators in health care settings
3. conduct focus groups to explore desirable and effective content for a GP intervention with men who have used violence
4. conduct interviews with GPs to explore their perceptions of working with men who use violence and what would best assist the GPs in their work, and

5. draw together the findings from phases 1-4 to develop a model for primary care in working with men who use violence in their relationships.

Key findings	
Piloting the feasibility of a primary care intervention	<ul style="list-style-type: none"> > It is feasible to deliver an intervention through general practice: six general practices were recruited (67 general practice staff) > GPs and nurses often do not ask men about DV, although most are comfortable asking about mental health, relationship problems and substance use > Training can enable staff to work together, ensure consistency of knowledge and understanding of a practice response to DV > The pilot training programme was evaluated by participants as relevant, timely and meeting their needs > Staff highly valued interactive training with the programme increasing their confidence in working with men
Review the literature	<ul style="list-style-type: none"> > Few interventions exist but interventions for men who use violence can be recruited for and delivered in health settings > Existing evaluated interventions include: some version of psychological therapy; provision of information, resources or training; prescription of a selective serotonin reuptake inhibitor
Conduct focus groups with men	<ul style="list-style-type: none"> > Men have varying perceptions of their relationships with their GPs: some do go to their GPs to seek help > Issues with disclosing to GPs centre around the GP-patient relationship - men want GPs to have time to engage and listen > Not all men would have good relationships with their GPs, or be receptive to their GP raising such a topic > Technology could engage men and be a stepping stone to them reflecting on their behaviour so that they can seek more substantial support
Conduct interviews with GPs	<ul style="list-style-type: none"> > Men who use violence in their relationships are hidden patients within the general practice population > Most of the GPs believe they have a role to play - however, this role is not always clear > GPs do not know how to engage their male patients about DV or where to refer them > GPs are positive about using technology as a strategy to engage their patients, as long as it is developed with expert input and is evidence-based

Drawing on the findings of PEARL, we developed a model for working with men who use violence through primary care called **I-ENGAGE**. The key components of the **I-ENGAGE** model are,

- > **Identify** men who use violence through GP training
- > **Engage** men who use violence through primary care
- > **Access** interactive technological tools for both GPs and male patients to use in partnership or individually
- > **Greater** collaboration between primary care and local services
- > **Establish** ongoing support for GPs and their male patients

Policy options

An intervention through primary care is feasible and has the potential to help identify men who use violence and get them to the support they need to address their use of violence. A technological intervention that can be used by both GPs and male patients collaboratively and individually may overcome some of the challenges raised by this project.

The following recommendations are made,

- > funding via NHMRC Partnerships Grant is required to develop and trial an online and mobile application for men who use violence
- > funding is also required to test the I-ENGAGE model further and establish ongoing support through training and resources for general practice and engagement of men who use violence through primary care and the community
- > The Royal Australian College of General Practitioners needs to be lobbied to continue their work of educating GPs about DV and to develop a specific online Active Learning Module on working in primary care with men who use violence in their relationships
- > community messages should be enhanced that general practice is a place where men can go for support
- > general practices need to be encouraged and supported in their family violence work through ongoing lobbying of the Federal Government to establish a separate Medicare item number for family violence

References

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