

Recruiting men in general practice (UK) to complete a survey on (potential) domestic violence: Recruitment and attrition rates, enablers and barriers

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Background

❖ Internationally, little research has been done on men and domestic violence in a General Practice health setting.

Design

❖ Following a pilot study, a **cross-sectional survey of 1430 men** was conducted, concerning domestic violence victimisation and perpetration.

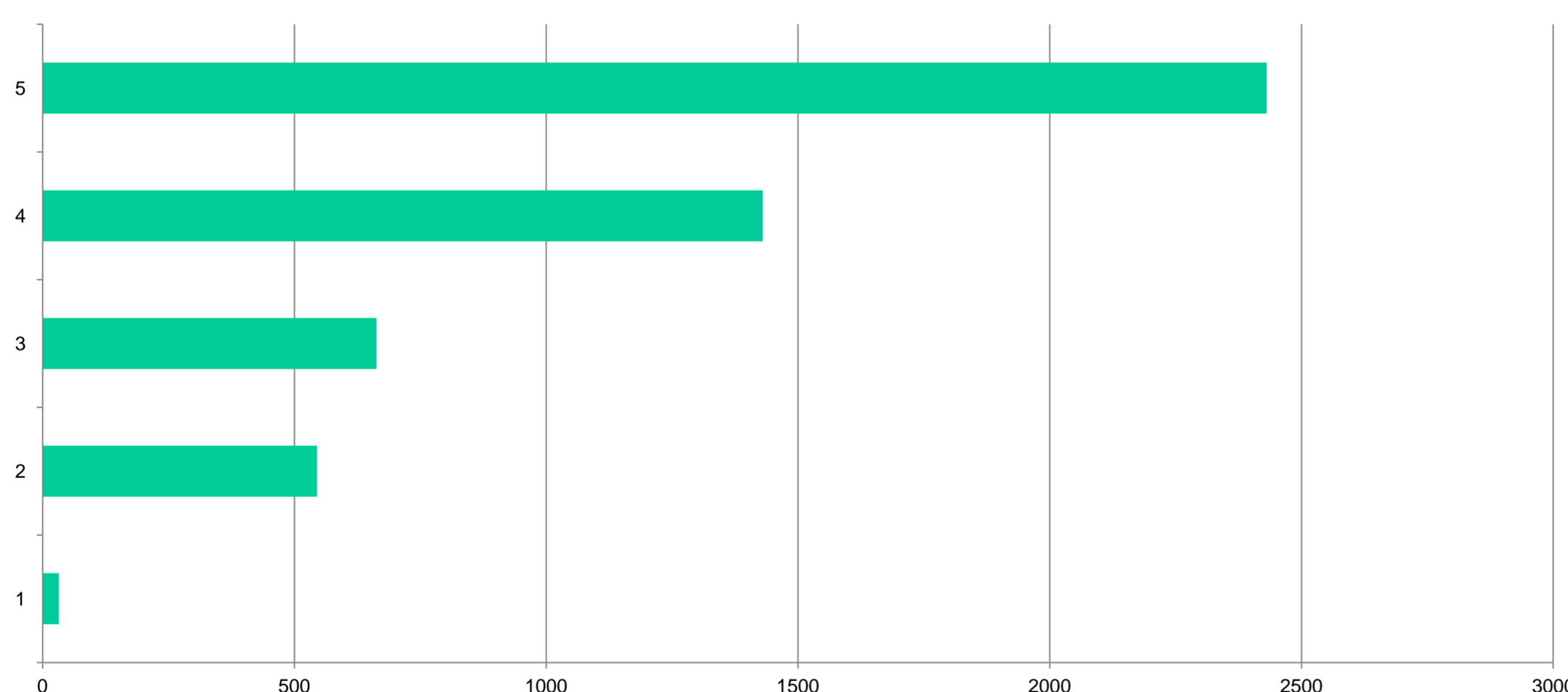
❖ A 36-page A5 **questionnaire** was compiled. **Part 1** included summary measures of potential abusive behaviours, health, demographic characteristics, use of services and views on routine enquiry about domestic abuse by health professionals.

Part 2 contained detailed questions about emotional, physical and sexual abuse behaviours, impact and motivation, and childhood witness of domestic violence between parents.

❖ **16 surgeries** were chosen to represent the U.K. for socio-economic status, ethnicity and urban/rurality.

❖ The study involved asking men to fill in questionnaires **while waiting to see the doctor or nurse**.

Findings - Recruitment



5. Number of men eligible, able and available for survey (n=2431)
4. Number of men who completed first section of Part 1 (n=1430, 59% of 2431)
3. Number of men who completed all of Parts 1 and 2 (n = 663, 27% of 2431)
2. Number of men giving consent for medical record access (n=545, 22% of 2431)
1. Number of men who were interviewed (n=32, 1% of 2431)

Ethical Considerations

- * Only men **on their own** were approached in case they were with an abusive partner, and so that their answers were not influenced by the presence of another person.
- * All men were offered a **help-sheet** of phone nos. & websites for agencies giving help to victims and/or perpetrators of domestic abuse.
- * The questionnaire was split into **2 sections** making it easy to opt out of the more searching and detailed questions in Part 2, but still gathering essential data on lifetime experience or perpetration of domestic abuse in Part 1.

Findings – Barriers and Enablers

- * **Time was short** – many men were reluctant to start on a lengthy questionnaire when they thought they would soon be called to see the doctor/nurse. As Part 1 was in large font, could be completed in 10-15 minutes and most answers only required a tick, this helped increase participation.
- * **Privacy** – Completing such a sensitive questionnaire in a public place was a challenge. Some surgeries made a separate room or desk available. We took care not to approach men whose questionnaires could be viewed by other people.
- * **Unfamiliarity** – It is unusual for men to be asked about their health and relationships and we were able to use this to our advantage, saying: “*There’s been a lot of research done about women but not much about men, and we want to fill in the gaps.*”