

Post Training PIM Survey for Health Professionals



Introduction

Your practice has been taking part in the HERMES project. We would like to know whether being part of a HERMES practice has impacted on your clinical practice 6 months on.

To answer the specific questions of this project, we have broken down the responses in terms of female victims (all), heterosexual and gay male victims, heterosexual and gay male perpetrators. We have deliberately not asked questions about female perpetrators because we think it is unlikely you will have received training on this issue and there is very little evidence relating to this group.

Throughout this survey, the term 'domestic violence' is used. This refers to physical, sexual, psychological/emotional or financial violence that takes place within an intimate or family type relationship (Women's Aid Federation of England).

Please answer as honestly as you can so that we can assess the effectiveness of the training. The results of the survey will be used anonymously to look at overall differences in practice after training.

Please tell us if you attended the HERM Yes	IES training in your practice? No
Please tell us if you completed a version Yes	n of this survey BEFORE that training? No
Whether you took part directly in the tra	aining and/or completed the survey, please

1. CONSENT

- The survey will only be used **anonymously**. We only require a unique identifier to link your prepost surveys in order to measure any changes.
- You can choose to **stop taking part** at any time.
- We will be using the **anonymised data** to look at whether the training you receive is effective or not.
- You will **not be named** in any of the reports or articles which are published.

Please tick the box below to confirm your consent to taking part in this research.

I consent to taking part in this research

Section 1 – General details

This section asks for general details about you so that we can understand who has received the training intervention across the different practices/clinics.

All information will be treated in confidence and anonymised.

2.	Please insert your unique identifier code which will be your initials and day of birth (e.g. EW20). This is so we can match this survey to your first survey.
3.	Please enter the date you are completing this survey.
	Please enter date / / /
4.	Average number of patients you care for (with face-to-face contact) per week?
5.	Please tell us in which practice you are based.

Section 2 – Feeling Prepared

This section asks about the training you may have received in relation to addressing domestic violence issues with different types of patient. Although some of the questions are similar it is important for us to know what kind of training you may, or may not, have received.

6.	Please indicate how prepared you feel to perform the	ne follo	wing	task	s for	the				
	different patient groups.									
	Please circle the number which best describes how prepared in the circle the number which best describes how prepared in the circle the number which best describes how prepared in the circle the number which best describes how prepared in the circle the number which best describes how prepared in the circle the number which best describes how prepared in the circle the number which best describes how prepared in the circle the number which best describes how prepared in the circle the number which best describes how prepared in the circle the c	pared y	ou fe	el to	perfo	rm the				
	following:					1)				
	(1 = Not prepared; 2 = Slightly; 3 = Moderately; 4 = Fairly	well; 5	o = VV	ell pre	parec	d)				
		Not prepared	d		р	Well repared				
Ask	appropriate questions about domestic violence for:	1	2	3	4	5				
	female patients who may be victims		\bigcirc							
	heterosexual male patients who may be victims	Ŏ	Ö			Ŏ				
	heterosexual male patients who may be perpetrators									
	gay/bisexual male patients who may be victims		Ŏ	O	Ŏ	Ö				
	gay/bisexual male patients who may be perpetrators									
	3.,, p									
App	propriately respond to disclosures about abuse from:									
	female patients who may be victims			\bigcirc						
	heterosexual male patients who may be victims	Ŏ	Ō	Ō	Ō	Ö				
	heterosexual male patients who may be perpetrators				Ŏ					
	gay/bisexual male patients who may be victims	Ŏ	Ŏ	Ō	Ŏ	Ŏ				
	gay/bisexual male patients who may be perpetrators									
	ntify signs and symptoms associated with domestic violence sed on patient history and physical examination for:									
	female patients who may be victims			\bigcirc	\bigcirc					
	heterosexual male patients who may be victims	Ŏ	Ŏ	O	O	Ŏ				
	heterosexual male patients who may be perpetrators									
	gay/bisexual male patients who may be victims	Ō	Ō	Ŏ	Ŏ	Ŏ				
	gay/bisexual male patients who may be perpetrators									
Ma	ke appropriate referrals for:									
	female patients who may be victims	0	\bigcirc		\bigcirc					
	heterosexual male patients who may be victims	0			0					
	heterosexual male patients who may be perpetrators	0	0	0	0					
	gay/bisexual male patients who may be victims	0								
	gay/bisexual male patients who may be perpetrators			0	0					

Section 3 – Practice issues

This section deals with what you currently do in practice. Your responses will be treated anonymously so please be as honest as possible in your answers.

7.	In relation to FEMALE patients (heterosexual and lesbian) who present as VICTIMS, how many new diagnoses of domestic violence would you estimate you have made in the last 6 months?											
	you have made in the last	None	1–5	6–10	11–21	21 or more	N/A not in clinical practice					
	New acute case											
	Uncovered ongoing abuse											
	Patient disclosed past history											
8.	In relation to MALE HETER many new diagnoses of do in the last 6 months?		-	-								
		None	1–5	6–10	11–21	21 or more	N/A not in clinical practice					
	New acute case											
	Uncovered ongoing abuse											
	Patient disclosed past history											
9.	In relation to MALE HETER PERPETRATORS, how made in	ny new c	liagnoses	of dome								
		None	1–5	6–10	11–21	21 or more	N/A not in clinical practice					
	New acute case											
	Uncovered ongoing abuse											
	Patient disclosed past history											
10.	In relation to MALE patient VICTIMS, how many new of you have made in the last	liagnose	s of dom			-						
		None	1–5	6–10	11–21	21 or more	N/A not in clinical practice					
	New acute case											
	Uncovered ongoing abuse				0							
	Patient disclosed past history											

11.	In relation to MALE patients PERPETRATORS, how man estimate you have made in	y new dia	gnoses o	f dom			
		None	1–5	6–10	11–21	21 or more	N/A not in clinical practice
	New acute case		\bigcirc	\bigcirc			
	Uncovered ongoing abuse	0					
	Patient disclosed past history						
12.	Please tick all the situations DIRECTLY ABOUT DOMEST disclosed) in relation to the	ΓIC VIOLE different	NCE (bef	ore a	patient has		
	Not applicable I am not in clinica Please go straight to question 13						
	I do not regularly ask any group a if it is not disclosed. <i>Please go st</i>			ce			
I re	gularly ask about domestic violen	ce:	Female Pa hetroses or lesbi	cual	Male hetrosexual patients	Male pa in same relation	e-sex
	if they or their partner is pregnan)
	for all patients)
	for teenagers					C)
	for young adults (under 30 years	old)	Ŏ		Ö	Ö)
	for older patients (over 65 years					Ċ)
	for married patients (including th civil partnerships)	ose in	0		0	C)
	for single or divorced patients					C)
	for single parents					C)
	for Black or Minority Ethnic (BME	E) patients	\bigcirc			C)
	for refugees/asylum seekers		<u> </u>)
	for parents where child abuse or confirmed or suspected	neglect is				C)
	Other (please specify)						

13. How often, in the past 6 months, have you asked about the possibility of being a VICTIM of domestic violence when seeing a FEMALE patient with the following:

iollowing:	Never	Seldom	Sometimes	Nearly	Always	N/A	
				always			
Physical Injuries							
Chronic pelvic pain							
Dyspareunia (painful sex)							
Irritable bowel syndrome							
Headaches							
Depression/anxiety							
Hypertension							
Eating disorders							
Sleep disruption							
General stress							
Anger problems							
STIs							
Drug abuse issues							
Alcohol abuse issues							

14. How often, in the past 6 months, have you asked about the possibility of being a VICTIM of domestic violence when seeing a MALE HETEROSEXUAL patient with the following:

	Never	Seldom	Sometimes	Nearly always	Always	N/A	
Physical Injuries							
Chronic abdominal pain							
Irritable bowel syndrome							
Headaches					0		
Depression/anxiety							
Hypertension							
Eating disorders							
Sleep disruption							
General stress							
Anger problems					0		
STIs							
Drug abuse issues							
Alcohol abuse issues							

15.	How often, in the past 6 months, have you asked about the possibility of being
	a PERPETRATOR of domestic violence when seeing a MALE HETEROSEXUAL
	patient with the following:

	Never	Seldom	Sometimes	Nearly always	Always	N/A	
Physical Injuries							
Chronic abdominal pain							
Irritable bowel syndrome							
Headaches							
Depression/anxiety							
Hypertension							
Eating disorders							
Sleep disruption							
General stress							
Anger problems							
STIs							
Drug abuse issues							
Alcohol abuse issues							

16. How often, in the past 6 months, have you asked about the possibility of being a VICTIM of domestic violence when seeing a MALE patient in a SAME SEX relationship with the following:

	Never	Seldom	Sometimes	Nearly always	Always	N/A	
Physical Injuries							
Chronic abdominal pain							
Irritable bowel syndrome							
Headaches							
Depression/anxiety							
Hypertension							
Eating disorders							
Sleep disruption							
General stress							
Anger problems							
STIs							
Drug abuse issues							
Alcohol abuse issues							

17. How often, in the past 6 months, have you asked about the possibility of being a PERPETRATOR of domestic violence when seeing a MALE patient in a SAME SEX relationship with the following:

	Never	Seldom	Sometimes	Nearly always	Always	N/A	
Physical Injuries							
Chronic abdominal pain							
Irritable bowel syndrome							
Headaches							
Depression/anxiety							
Hypertension							
Eating disorders							
Sleep disruption							
General stress							
Anger problems							
STIs							
Drug abuse issues					0		
Alcohol abuse issues		0					

18. In the past 6 months, which of the following ACTIONS have you taken when you have identified domestic violence for the different patient groups? (please tick all that apply)								
(For brevity the column headings contain 2 abl same-sex relationships.)								
	Female victim	Male het victim	Male het perpetrator		Male gay perpetrator			
Have NOT identified domestic violence in the past 6 months for this group								
Gave a card with Respect Helpline and Male Advice Line numbers				0	0			
Phoned Respect Helpline in the patient's presence to make a referral								
Phoned Respect Helpline after the patient had left to make a referral								
Counselled patient about the options they may have								
Referred patient to:								
INDIVIDUAL COUNSELLING								
COUPLES COUNSELLING								
DOMESTIC VIOLENCE victim or perpetrator COURSE (as relevant)		0			0			
ANGER management COURSE								
A&E				\bigcirc				
SPECIALIST DOMESTIC VIOLENCE service (other than Respect or Male Advic e Line) or safe house/ refuge, independent domestic violence advocate (IDVA) or sexual violence advocate (ISVA)								
ALCOHOL/SUBSTANCE ABUSE counselling	0	0		0	0			
Lesbian/Gay/Transgender/Bisexual SUPPORT GROUP (generic or specifically for domestic or sexual violence)	0	0	0		0			
Other (please specify)								

	9. How USEFUL was the Hermes flowchart in relation to the following (please tick one answer for each item)				
		Not useful – I didn't need to refer to it	Fairly useful I occasionally referred to it	Very useful I often referred to it	Extremely useful I referred to it nearly all the time
and	nind you of the signs symptoms of domestic ence during consultations	0	0	0	0
	ng questions to determine presence of domestic violence	ce	0	0	0
	nembering how to use the RK template			0	0
to R	ninding you to make a referra espect Helpline when lestic violence was disclosed uspected		•		•
20.	How do you think the H	ERMES flov	v chart could b	e improved?	
	How useful do you find about domestic violenc			nt suggest yo	u ask the patient
	Not useful – I took not useful – I some Very useful – I often Extremely useful – I We did not activate	etimes asked asked about always asked	I about domestic domestic violen d about domestic	ce when prom	pted
22.	How could the compute	er prompts b	pe improved?		

23.	Do you have information (i.e. leaflets, posters or cards) for Respect or the Male Advice Line available at your surgery?							
	Yes, well displayed and acce	essible to	patients					
	Yes, but not well displyed or	Yes, but not well displyed or accessible to patients						
	No							
	Unsure/don't know							
24.	For the following groups, are dimaterials (POSTERS, LEAFLET site? (For brevity the column headings contain same-sex relationships.)	S, BRO	CHURES	etc) availa	able at y	our practice		
		For female victims	For male het victims	For male het perpetrators	For male gay victims	For male gay perpetrators		
	s, well displayed and cessible to patients				\circ	\circ		
	s, but not well displayed accessible to patients			0	0			
No				0	0	0		
140								
	sure/don't know	0	0	<u> </u>	<u> </u>	<u> </u>		
Un	sure/don't know t applicable to my patient population	0	0	0	0	0		
Un		by dom	estic vio	lence?				
Un	Do you think there are adequate the following patients affected (For brevity the column headings contain	by dome 2 abbrevia For	estic viol tions: 'het'	lence? means hetero	osexual: 'ga For	ay' means men in		
Un	Do you think there are adequate the following patients affected (For brevity the column headings contain same-sex relationships.)	by dome 2 abbrevia For female	estic viol tions: 'het' For male het	lence? means hetero For male het	osexual: 'ga For male gay	ay' means men in For male gay		
Uni No 25.	Do you think there are adequate the following patients affected (For brevity the column headings contain same-sex relationships.)	by dome 2 abbrevia For female	estic viol tions: 'het' For male het	lence? means hetero For male het	osexual: 'ga For male gay	ay' means men in For male gay		
Uni No 25.	Do you think there are adequate the following patients affected (For brevity the column headings contain same-sex relationships.)	by dome 2 abbrevia For female	estic viol tions: 'het' For male het	lence? means hetero For male het	osexual: 'ga For male gay	ay' means men in For male gay		

Section 4 – Job satisfaction

The last section is about how satisfied you are with your job and ability to perform your job. We are asking about this because there may be general factors, not directly related to the HERMES training, which have had an impact on it. Please answer as honestly as you can.

26.	On tl	On the whole how satisfied would you say you are with your job?					
		Very satisfied					
		Quite satisfied					
		Rather dissatisfied					
		Dissatisfied					
		Very dissatisfied					
		Don't know					
27.	To w	hat extent does your ability to identify and respond to domestic violence					
		e you feel more efficient at your job?					
		e you feel more efficient at your job?					
		I feel much more efficient at my job					
		I feel much more efficient at my job I feel slightly more efficient at my job					
		I feel much more efficient at my job I feel slightly more efficient at my job I feel as efficient as I ever was at my job					

Section 5 - Thank you

If you have completed this form electronically, please save it using your initials and day of birth (e.g. EW20) and return it to e.williamson@bristol.ac.uk

If you have printed and completed a hard copy, please return to:

Dr. Emma Williamson, University of Bristol, School for Policy Studies, 8 Priory Road, Bristol, BS8 1TZ.

If you have any questions please contact e.williamson@bristol.ac.uk

Thank you again for your assistance.

28.	If you have any additional comments, please use the text box below or you can email the research team: e.williamson@bristol.ac.uk