Linking Abuse and Recovery through Advocacy (LARA)

Submission date	Recruitment status No longer recruiting	Prospectively registered		
19/07/2012		[X] Protocol		
Registration date	Overall study status	Statistical analysis plan		
01/08/2012	Completed	[X] Results		
Last Edited 01/10/2018	Condition category Mental and Behavioural Disorders	Individual participant data		

Plain English summary of protocol

Background and study aims

Mental health service users report higher rates of domestic violence than other healthcare service users and the general population. However, when mental health service users disclose domestic violence, the response of mental health services is frequently thought to be inadequate. Despite increasing evidence of community and primary healthcare treatments in improving outcomes for victims of domestic violence, there are few treatments for victims in contact with secondary mental health services. We developed and conducted a pilot study for a future larger study of a domestic violence advocacy treatment in community mental health services.

Who can participate?

This pilot study aimed to recruit mental health professionals caring for service users, and approximately 75-80 male and female service users (aged 18-65 years) who disclosed domestic violence in the past 12 months across five community mental health services in London, England.

What does the study involve?

Of the five participating community-based outpatient mental health services, three were allocated as intervention groups and two were allocated as control groups. The three intervention groups received domestic violence education to improve clinicians competencies in addressing domestic violence (this consisted of two 2-hour training sessions on how to identify and respond to domestic violence, followed by regular team meetings with domestic violence advisors who provided ongoing advice, education and assistance to professionals), education of advocates about mental health services and service users, and a direct referral pathway to an advocacy treatment for male and female mental health service users experiencing domestic violence. Advocacy involved outreach work, support, advice and information, including work to increase personal safety. The two control groups received treatment as usual.

What are the possible benefits and risks of participating?

For participating mental health professionals, benefits may include improvements in knowledge and competence in responding to domestic violence experienced by service users; no risks have been identified. For service users, benefits may include improvements in quality of life, reduction in unmet needs, decreased abuse and improvement in mental symptoms. Risks may

include increasing abuse if perpetrator knows the abuse has been disclosed and that the service user is receiving advocacy; and emotional distress when disclosing abuse and receiving advocacy. Therefore, a standard operating procedure and safety protocol aimed to minimise the risk for service users. Additionally, no written information about the study was taken away by service users, unless it was safe for them to do so, and all participants (including those in control teams) were provided with information about support services.

Where is the study run from? Institute of Psychiatry, Kings College London (UK).

When is it starting and how long is it expected to run from? The two-year study started in May 2009 and finished in May 2011

Who is funding the study?

The project was funded by the National Institute for Health Research (NIHR) Research for Patient Benefit Programme.

Who is the main contact? Dr Louise M. Howard, Professor in Womens Mental Health

Contact information

Type(s)

Scientific

Contact name

Ms Kylee Trevillion

Contact details

South London and Maudsley NHS Trust Section of Women's Mental Health 16 De Crespigny Park London United Kingdom SE5 8AF

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kylee.trevillion@kcl.ac.uk

Additional identifiers

Protocol serial number 4409

Study information

Scientific Title

Linking Abuse and Recovery through Advocacy: an observational study

Acronym

LARA

Study objectives

High rates of domestic violence are experienced by mental health service users but most domestic violence is undetected by mental health services and when disclosure occurs, the response of services is often inadequate. Domestic violence advocates can reduce abuse, and improve quality of life, in the general population but there are no studies examining advocacy for mental health service users. This intervention will be developed for mental health services after carrying out relevant qualitative studies examining the experiences of service users and professionals when domestic violence is disclosed. A pilot randomised controlled trial will then examine the feasability of a future larger trial to evaluate this intervention.

Ethics approval required

Old ethics approval format

Ethics approval(s)

The Joint South London and Maudsley and the Institute of Psychiatry NHS Research Ethics Committee, 01 November 2007 ref: 07/H0807/66

Study design

Non-randomised interventional and observational trial

Primary study design

Observational

Study type(s)

Quality of life

Health condition(s) or problem(s) studied

Mental Health Research

Interventions

Five community-based outpatient mental health services were allocated to the intervention (n=3) and control (n=2) groups. As this was a pilot study we did not randomly allocate services and instead determined allocation by grouping services that shared the same building (to avoid problems of contamination). Intervention and control groups were followed up over two years.

The three intervention groups received:

- 1. Two 2 hour sessions of domestic violence training for mental health professionals (on entry to study), illustrating how to identify, respond and document domestic violence
- 2. Domestic violence manual for mental health professionals (developed by the research team), which included guidelines for good practice and details of local and national domestic violence services.
- 3. Direct referral pathway to a domestic violence advocacy intervention for service users identified by clinicians as experiencing violence.
- 4. Provision of integrated domestic violence advocacy for service users (delivered by two named domestic violence advisors who received mental health training). Advocacy incorporated specialist emotional and practical support, including safety planning and referrals to other agencies
- 5. Regular attendance by domestic violence advisors at staff meetings, to discuss clinical cases

and provide ongoing domestic violence education.

6. Information campaign in CMHTs (posters and leaflets in the waiting room and toilets) highlighting the problem of domestic violence and support available.

The two control groups receive treatment as usual.

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

To explore the feasibility of a future larger study of domestic violence advocacy

Key secondary outcome(s))

To pilot cost measures and outcomes, including professionals knowledge, attitudes and behaviours towards domestic violence and service users experience of domestic violence, use of safety behaviours, unmet needs and quality of life.

Completion date

01/12/2010

Eligibility

Key inclusion criteria

- 1. Service users in contact with Community Mental Health Teams (CMHTs)
- 2. Male & female participants
- 3. Aged 18 65 years

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

Αll

Key exclusion criteria

Service users deemed by clinicians to be too unwell to enter the study

Date of first enrolment

01/04/2008

Date of final enrolment

01/12/2010

Locations

Countries of recruitment

United Kingdom

England

Study participating centre
South London and Maudsley NHS Trust

London United Kingdom SE5 8AF

Sponsor information

Organisation

South London and Maudsley NHS Trust (UK)

ROR

https://ror.org/015803449

Funder(s)

Funder type

Government

Funder Name

National Institute of Health Research (NIHR) (UK)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details resultsl	Date created Date added Peer reviewed? Patient-facing?		
Results article		01/03/2011	Yes	No
Results article	results	01/03/2014	Yes	No
Protocol article	protocol	01/06/2010	Yes	No
Participant information sheet	Participant information sheet	11/11/2025 11/11/202	5 No	Yes