

# DOMESTIC VIOLENCE AND ABUSE RESEARCH *News and Updates*

*University of Bristol*



## Welcome to the 4th Edition of Your Newsletter!

This Newsletter brings Advisory Group Members and research collaborators updates and news of research we are undertaking towards understanding more about the effects of domestic violence and abuse on health and wellbeing in families and society. The last few months have brought about changes with our research team with staff moving onwards with their careers and we wish them well. Researchers and other staff who work in the field of domestic violence and abuse are always very committed to the cause, as you will know from your own experience. This Newsletter highlights the progress of some of this work.

We would like to extend the readership and content of this Newsletter, so if you have any ideas for what you would like to see, or wish to include a brief article, please let us know. You will find contact details on the back page.

Summer/Autumn 2014

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### On the outside looking in: the shared burden of domestic violence PhD research by Alison Gregory (conducted during 2010-14)

- Research indicates that most survivors of domestic abuse will choose to discuss their situation with relatives or friends, and that this informal support has the potential to protect against effects on their physical and mental health, and to protect them from future abuse.
- There is not much research on whether this support takes its toll on those providing this informal support.
- Other health research such as palliative care, dementia and cancer has recognised the importance of the role informal carers play, and the implications for the wellbeing of carers.
- What's missing for domestic violence is research that looks at how the impacts experienced by the survivor might radiate out to affect the health and wellbeing of those supportive adults who surround them.

*Alison's PhD fills the gap by exploring the health and wellbeing implications for members of the survivor's social network..*

- Relatives and friends often play a crucial role in the lives of survivors and the effects of providing this role should be recognised by health professionals and also by the domestic violence services who could play a role in meeting the needs of friends and family supporters.

*Alison has presented her work as an invited Guest Speaker at the Women's Aid National Conference: Ready for the Future, in Birmingham earlier in the summer.*





Dr Emma Williamson Senior Research Fellow School for Policy Studies University of Bristol.

For the full report and further discussion, please see:

<http://policybristol.blogs.bris.ac.uk/2013/11/25/violence-against-women-in-the-arts-bluebeard/>

In the last Newsletter, we reported on how DVA is portrayed in books and plays. Emma Williamson promised to report back after taking part in an after-show discussion of *Bluebeard*, performed last year by Gallivant at the Soho Theatre, London. Here is a summary version of Emma's report:

*Watching Bluebeard again reinforced the powerful performance and engaging writing of the Gallivant team. Both Dr Hilary Abrahams and I were pleased that we had prior warning and had seen the play in Bristol. The Q&A session was interested in engaging the audience in a discussion of the key themes of the play: sexual desire, sexual violence, gender and complicity. From our perspective as gender violence researchers the issues of power and control running throughout the performance were stark. Part of the power of the play comes both from the accurate portrayal of a perpetrator and the complicity of the audience in hearing his story. The perpetrator, who tells us about his violence and crimes against women, also describes in chilling detail how easy it is to begin relationships with these women. Engineering meetings, feigning love, and manipulating from the start, the perpetrator uses normal everyday aspects of the heterosexual love story to ensnare his victims. When they are, as he continually tells the audience, feeling unworthy and useless, their victimhood becomes his excuse for sexual domination and violence.*



### PhD to study the needs of abused migrant women within primary care

Migrant women may be more likely to face domestic violence and abuse. Some studies show that migrant women suffer from DVA regularly and more severely, often leading to greater injuries as a result. Sometimes other family members, for example the family-in-law, are also violent towards these women.

Nadia's PhD tries to find out how to reach and help migrant women within the healthcare system.

At present, Nadia is trying to find relevant literature that is not easy to find, such as unpublished reports that don't appear on an electronic database. If you know of an interesting piece of work or report, please contact Nadia by email: [Nadia.khelaifat@bristol.ac.uk](mailto:Nadia.khelaifat@bristol.ac.uk).

Thank you very much :)

This PhD is funded by the National Institute of Health Research (NIHR)

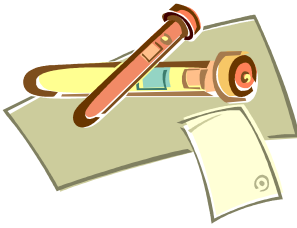
#### Advance Notice....

In early October **2014** we are organising our next advisory group/PPI meeting for some of our research projects.

If you are interested in being part of our DVA research advisory group, you would be welcome to attend as a new member.

If you are interested please email [jayne.bailey@bristol.ac.uk](mailto:jayne.bailey@bristol.ac.uk) or tel. 0117 9287298, or let your known researcher know that you are interested.

We can also put you in touch with current PPI members to discuss what the role entails.



**UPDATE: \*\*\*\*\***  
**CEASE (Cortisol Evaluation in Abuse Survivors)**

The CEASE study looks at the biological effect of domestic violence and abuse (DVA) on women's mental health. Abused women are more likely to develop long-term mental health conditions, such as depression and post-traumatic stress disorder.

The ways in which DVA 'gets under the skin' are poorly understood. Abuse activates the body's stress system and produces the stress hormone called cortisol. Although cortisol is necessary for our natural 'fight or flight' response, too much can cause damage and accelerate illness.

We have been measuring women's cortisol by taking saliva samples and asking about their mental health.

The table shows how many women we needed to speak to in order to get the number of samples for our research question.

We are now following up these women over a 6 month period and the last set of data will be available in the autumn. We will then analyse the samples and the questionnaire data and be able to share our findings towards the end of the year.

Many thanks to all the women who participated and the staff at the agencies who helped us to recruit participants.

Number of Women who expressed interest	400
Number of Women screened for suitability	360
Number of women who were suitable	306
Number of women who agreed to take part	230
Number of women who returned saliva samples	186



ENGV

The European Network on Gender and Violence (ENGV) is a network of over 160 researchers from several disciplines across Europe. It supports exchange and collaboration across researchers and professionals who address violence, gender, prevention and related issues. The network holds annual conferences to allow discussion of the latest work in the field.

In April 2014 the annual meeting of ENGV was held in Malta. It started with a public seminar in the evening and was followed by 2 days of scientific presentations, discussions and networking. Of 100 conference delegates, 3 were DVA survivors.

DV Researchers from the University of Bristol attended and presented the findings of recent research. Natalia Lokhmatkina presented on the feasibility of collecting saliva samples in the CEASE study (above). LynnMarie Sardinha presented details on the PATH study (we'll know the results of this later in the year). Alison Gregory shared her study on friends and family (featured on the front page). Emma Williamson presented the findings of a study that explored whether men are comfortable reporting DVA (as victim or perpetrator) to their GP and Emma Howarth gave an update on the IMPROVE study that was featured in an earlier edition of this newsletter.

As well as being a successful experience, we understand that the team had a lovely time in Malta although no photographs have been shared to make us all jealous!

For further information on these and other research in this area, please visit our web site:

<http://www.bristol.ac.uk/primaryhealthcare/researchthemes/disease-management/domesticviolence.html>

If you would like to discuss any of our research in person, please initially contact:

your named PPI contact for further information, or the Editor of this newsletter [Jayne.Bailey@bristol.ac.uk](mailto:Jayne.Bailey@bristol.ac.uk).

We would like to thank the staff at the DV Agencies for all of their help and continued support with these studies and to all of our research participants and advisory groups without whom this important research could not happen. Thanks to the contributors!



### New Project being planned—Funding application to be submitted.

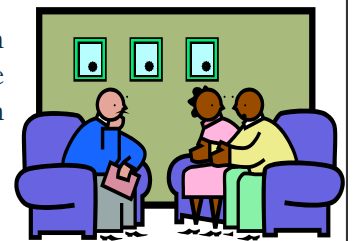
#### 'Mindfulness-based cognitive therapy for survivors of DVA with chronic depression'

DVA is a common a hidden problem for women attending general practice. These women are more likely to be depressed. For many women, this can be long-lasting and current treatments are not always very effective. This new project (if funded) will explore whether mindfulness-based cognitive therapy (MBCT) can be adapted specifically for DVA survivors and whether it works.

MBCT is a group-based relapse prevention programme for people with a history of depression who wish to learn skills for staying well. It combines mindfulness training—meditation exercises targeted at enhancing awareness and developing self-compassion—with elements of cognitive behavioural therapy.

We are developing this research in close collaboration with our PPI members and have already started some development work on the MBCT manual. These adaptations have been informed by our PPI members, who are now providing feedback on the experience and acceptance of the MBCT sessions.

The planned future trial of MBCT in survivors of DVA with chronic depression will investigate whether MBCT can be delivered at GP surgeries and whether the mental health of survivors of DVA can be improved and relapse into depression prevented.



## Other News

The National Institute for Health and Care Excellence (NICE) produce guidance related to all aspects of health care. Recent Guidelines have been produced for health and social care commissioners, specialist domestic violence and abuse staff and others whose work may bring them into contact with people who experience or perpetrate domestic violence and abuse. In addition it may be of interest to members of the public.

Title of Guidance:

**Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively**

Web link :

<http://www.nice.org.uk/guidance/ph50>

**FUNDING CUTS: A successful Campaign:**

Missing Link thanks Mayor for his assurance that Council plans will not put vulnerable women at risk

See: <http://www.nextlinkhousing.co.uk/news-2/>

**PLEASE PASS on this Newsletter to friends, colleagues and other women with experience of living with domestic violence and abuse. We are always looking to expand our Advisory Group Membership, so do get in touch if you are interested.**

**LAST WORD:** All of our research undergoes expert review and is approved by an independent ethics committee where appropriate. A strict code of confidence with all information received is adhered to by all research teams and all answers are confidential and will not be shown to anyone else.