

PROJECT DETAILS
<p><b>Project Title</b></p> <p>What are the best strategies and modes of training to educate and empower midwives to assist pregnant women who are subjected to domestic violence and abuse?</p>
<p><b>Project Summary</b></p> <p>One third of women who experience domestic violence (DV) are hit for the first time whilst pregnant (1). In 2013-14 in England, overall 183 women were murdered, representing an incidence of 0.63 per 100,000 women (2).</p> <p>The government define DV as any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial and or emotional <a href="https://www.gov.uk/guidance/domestic-violence-and-abuse#domestic-violence-and-abuse-new-definition">https://www.gov.uk/guidance/domestic-violence-and-abuse#domestic-violence-and-abuse-new-definition</a>.</p> <p>Women who are experiencing DV may be at higher risk of abuse during pregnancy and of adverse pregnancy outcome, such as miscarriage, fetal injury and stillbirth, because they may be prevented from attending antenatal appointments, or concerned that disclosure of their abuse may worsen their situation (3).</p> <p>Healthcare professionals need to be alert to the signs of DV and women should be given the opportunity to disclose DV in an environment in which they feel secure. However, studies show that there remains reluctance on the part of health professionals to enquire into DV because they lack confidence and knowledge of how to approach the subject (4). Also, women who are suffering DV will rarely volunteer information to health professionals, however if professionals approach the issue with sensitivity and experience higher rates of disclosure are given (5). Training and the provision of prompts for staff to recognise DV and refer has been shown to be cost-effective (6).</p> <p>Central to the development of any educational programme to assist midwives in feeling confident and knowledgeable to enquire about DV is the need to understand the lived experience of the women. If not understood, the training package may not meet the needs of the women it has been produced to serve. Hearing the woman's voice in the development of services is central to NHS policy (7).</p> <p>This studentship will use a mixed methods approach to understand the experiences of women affected by DV and the midwives who care for them. Objectives are to: a) Explore the experiences of women using the maternity services who are subjected to DV; b) To investigate strategies and modes of training to equip midwives to enquire about DV and, c) To develop a range of options for an education package including teaching packs, simulation and handbooks of best practice strategies.</p> <p>Women will be recruited through existing services. Semi structured interviews will be conducted with women to explore their experiences of care while accessing maternity services. Midwives will be asked, using a pre-coded questionnaire, whether routine enquiry is embedded within midwifery practice. They will also be asked what particular forms of education and training support would benefit them most.</p> <p>The project outcomes include: a) identify specific support strategies for midwives to encourage best practice in empowering midwives to enquire into areas of domestic abuse; b) identify which mechanisms are best utilised e.g. teaching packs, handbooks or alternative mechanisms.</p> <p>References: 1) Duxbury, F. (2014). Domestic violence and abuse. In: ABC of Domestic and Sexual Violence. S. Bewley and J. Welch. Chichester, John Wiley &amp; Sons Ltd:p9-16. 2) Office for National Statistics. (2015). Crime Statistics, Focus on Violent Crime and Sexual Offences. 2013/14. Retrieved 23/07/15, from <a href="http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/focus-onviolent-crime-and-sexual-offences--2013-14/index.html">http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/focus-onviolent-crime-and-sexual-offences--2013-14/index.html</a> 3)</p>

National Institute for Health and Care Excellence. (2010). CG110: Pregnancy and complex social factors: A model for service provision for pregnant women with complex social factors. Retrieved 23/07/2015, from <https://www.nice.org.uk/guidance/cg110> 4) Stonard G and Whapples E. (2016) Domestic violence in pregnancy: midwives and routine questioning. *The Practising Midwife* 19(1), 26-29. 5) Baird K, Salmon D, White P (2012). A five year follow-up study of the Bristol Pregnancy Domestic Violence Programme to promote routine enquiry. *Midwifery* DOI: 10.1016/j.midw.2013.01.007. 6) Devine, A., A. Spencer, S. Eldridge, R. Norman and G. Feder (2012). Cost-effectiveness of identification and Referral to Improve Safety (IRIS), a domestic violence training and support programme for primary care: a modelling study based on a randomised controlled trial. *BMJ Open* 2(3). 7) Department of Health 2010. *Equity and Excellence: Liberating the NHS*. The Stationary Office, London.

### **Academic Impact**

The project is part of a programme of work between Dorset County Hospital NHS Foundation Trust (DCH) and Bournemouth University (BU) that builds research expertise in the clinical area. This will be the first clinical academic doctoral midwifery studentship supported by DCH but the student will be part of a cohort of seven midwifery doctoral students and so will benefit from the critical mass of research proficient midwives who are all utilising their research skills directly in practice.

The study will inform DCH as it meets the requirements of the Pan Dorset Maternity Strategy (DCCG 2014). The strategy aims to promote good maternal mental health and ensure that women experiencing emotional and mental health difficulties are supported and offered high quality evidence based support. In addition the findings will also underpin recommendations for health care professionals regarding antenatal care (e.g. NICE guideline CG110).

We anticipate a minimum of three academic papers for submission in leading journals such as *BMC Pregnancy and Childbirth* (IF 2.19), *Sociology of Health and Illness* (IF 1.665)(Wiley); *Social Science and Medicine* (IF 2.733)

Reference: Dorset Clinical Commissioning Group (2014). *Pan Dorset Maternity Strategy 2014-2019*. DCCG

### **Societal Impact**

The proposed project was developed in response to an identified clinical need in the NHS and is a priority area for DCH as it meets the aims of the Pan Dorset Maternity Strategy. Outcomes from the research will also be used to develop a specific care pathway for women using maternity services and are subjected to DV.

The project is driven by a clinical need and this will facilitate greater impact from the research. Societal impact will be seen in terms of: a) better understanding of the needs of women who are subjected to DV in order to improve the care pathway; b) early support for women who are subjected to DV ensure correct referral to specialist services, c) improved outcomes for women – reduction in morbidity associated DV and, d) cost savings to the NHS and other related services due to reduced admissions to hospital and maternal and fetal morbidity and mortality.

### **Training Opportunities**

The training programme, overseen by all four supervisors, will have the following objectives:

1) Formal training in qualitative interviewing: through BU's Centre for Qualitative Research (CQR). CQR is internationally recognised in the field of qualitative health and social care; both Dr Fenge and Dr Heaslip have experience in working with individuals/groups that can be deemed being vulnerable, as well as having experience of exploring sensitive topics and being experienced in qualitative research and phenomenology in particular. 2) Formal training in quantitative methods will be supported by Master Classes co-ordinated by the Senior Lecturer in Quantitative Methods. Support will also be provided through Bournemouth University Clinical Research (BUCRU). This Unit provides training and support for researchers in improving the quality, quality and efficiency of research across BU and local NHS Trusts. 3) Transferrable skills: Networking, communication and change management – developed through the process of establishing an advisory group and working to draw up a strategy in response to study findings. Guidance and support from PhD supervisors will ensure that the student is able to develop in these areas. Communication and presentation - The student will develop these skills through seminars and conference presentations, and in preparing and submitting peer-reviewed publications.

SUPERVISORY TEAM	
<b>First Supervisor</b>	Dr Fenge
<b>Additional Supervisors</b>	Dr Vanessa Heaslip Dr Jenny Hall Professor Ann Brooks
<b>Recent publications by supervisors relevant to this project</b>	<p>Fenge, L-A., Hean, S., Heaslip, V., Jack, E., Staddon, S., Clapper, A., 2014. Mental health and the criminal justice system: the role of interagency training to promote practitioner understanding of the diversion agenda. <i>Journal of Social and Family Welfare Law</i> January 36(1):36-46</p> <p>Fenge, L. (2012) <i>Managing Transitions</i>, In. S. Keen, D. Galpin, I. Gray. J. Parker (Eds)(2<sup>nd</sup> edition) <i>Newly Qualified Social Workers – a handbook for Practice</i> , Exeter: Learning Matters</p> <p>Fenge, L. Fannin, A. and Hicks, C. (2011) Co-production in scholarly activity: valuing the social capital of non academics', <i>Journal of Social Work</i>, online access 12 (5): 545-559.</p> <p>Fenge, L. (2010) Needs, Rights and Risks, In K. Brown (Ed) <i>Community Care and Vulnerable Adults: A reader</i> (2<sup>nd</sup> Ed), Exeter: Learning Matters</p> <p>Heaslip, V., Hean, S., Parker, J., 2016. Lived Experience of Vulnerability from a Gypsy Roma Traveller Perspective. <i>Journal of Clinical Nursing</i> (In Press)</p> <p>Heaslip, V., Ryden, J., 2013. <i>Understanding Vulnerability; A Nursing and HealthCare Approach</i> (EDS). Oxford: Wiley Blackwell.</p> <p>Hall, J., 2007, Promoting mental wellbeing, In: <i>Mental health in pregnancy and childbirth</i>, Price S (ed). Churchill Livingstone.</p>

INFORMAL ENQUIRIES
To discuss this opportunity further, please contact Dr Fenge via email: <a href="mailto:LFenge@bournemouth.ac.uk">LFenge@bournemouth.ac.uk</a>
ELIGIBILITY CRITERIA
<p>Studentship candidates must demonstrate outstanding academic potential with preferably a 1<sup>st</sup> class honours degree and/or a Master's degree with distinction or equivalent Grade Point Average. An IELTS (Academic) score of 6.5 minimum (with a minimum 5.5 in each component) is essential for candidates for whom English is not their first language. In addition to satisfying basic entry criteria, BU will look closely at the qualities, skills and background of each candidate and what they can bring to their chosen research project in order to ensure successful completion.</p> <p><b>Additional Eligibility</b></p> <p><b>You must be a midwife registered with the Nursing and Midwifery Council (UK) and eligible to practice.</b></p>
HOW TO APPLY
Please complete the online application form by <b>Wednesday 10 May 2017</b> . Further information on the application process can be found at: <a href="http://www.bournemouth.ac.uk/studentships">www.bournemouth.ac.uk/studentships</a>