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Welcome to our first newsletter of 2024. We hope that by now you are well settled into this new-ish year and that it will be a good and productive one for you.

Our wonderful newsletter team - Paula Murphy and Anna Sri - have chosen intimate partner violence and its implications for forensic mental health research and practice as our main theme for this issue. In addition, Anna has also written about an interesting residential seminar she attended in the summer of 2023, important for its links with our European forensic mental health colleagues. We learn from them how research knowledge and clinical work integrate in practice in countries outside the UK that sign up to a similar rights framework. The Ghent Group - this European group that organises these seminars as well as an annual conference - celebrates its 20th year of activity this year. It is a link that has been important too for inter-country research, for example how we respond to understanding events when someone who has been in contact with mental health services kills someone else¹ or how we manage the matter of whether a treating clinician may also give expert evidence in court².

Our intimate partner violence articles focus on the apparently linking theme of substance misuse in this context, and yet with different drives and contextualisation in LGBTQI+ and 'straight' communities. With a tendency to be covert in both, it may be exceptionally hard for those in LGBTQI+ relationships to access help . Further, when substances are involved, there is an important extra dimension to consider when drugs may be used to heighten arousal and consent lines become all too easy to blur and misconstrue.

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1. Holliday EA, Taylor PJ and 30 others. (2015) Consequences for clinicians and mental health services of a homicide by a current or recent patient: A European Union (EU) wide survey. *International Journal of Forensic Mental Health*, 14: 218-229. DOI: 10.1080/14999013.2015.1075627

2. Taylor PJ, Graf M, Schanda H and Völlm B, with contributions from 22 others from across the EU (2012) The psychiatrist as expert in the courts: is it necessary or possible to separate the roles of physician and expert? *Criminal Behaviour*

Brad Hillier, Consultant Forensic Psychiatrist, takes us through some of the complexities of this and areas for learning more. Gail Gilchrist, Professor of Addictions Healthcare Research, King's College London, brings new hope to the field through research. Acknowledging the wealth of literature establishing a relationship between substance use and violence, perhaps especially alcohol, and focusing on male partners in heterosexual relationships, she highlights a programme for engaging such men in a process of change which has now advanced to the point of receiving funding for a randomised controlled trial. We look forward to Gail's updates on this very important venture. Phoebe Collins, from a higher training perspective, then takes up very important questions around the ethics of research and involving women who have suffered at the hands of a violent partner in this field by considering in depth Molly Dragiewicz and Delanie Woodlock's very recently published paper³. Finally, as aging academics, we welcome the lighter piece on older women as inspirational, and shall strive to achieve such credentials!

Important Crime in Mind News for this issue is about our awards and webinars.

We have three webinars for which we encourage you to 'save the date' – Professor Andrew Forrester, one of our committee members will have research colleagues join him for a session on trauma informed pathways through the criminal justice system on Tuesday March 4th; Dr Jo Brown⁴ is bringing some colleagues to talk about the Risk Management approach in Scotland, the evidence and the research challenges remaining on Tuesday April 9th 2024 and Professor Don Grubin, with Callum Ross, Belinda Winder and Rebekah Bourne, are to speak about evidence and outstanding questions on antilibidinal medication for sex offenders on Tuesday 7th May 2014.

A 3.00 pm starting time is anticipated for the first and a 5.00 pm starting time for is anticipated for the others – keep watching our website.

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3. Dragiewicz M and Woodlock D. (2025) Hear No Evil, Do No Harm: Academic Feminists Fight Ethics Creep in Study of Gender-Based Violence. *Journal of Family Violence* 38:1159–1150. <https://doi.org/10.1007/s10896-025-00518-6>

4. www.rcpsych.ac.uk/news-and-features/blogs/detail/careers-in-psychiatry.blog/2019/10/21/working-on-the-inside-life-as-a-forensic-psychiatrist

The period for applications for our latest offer of seed corn funding has closed and we are reviewing submissions in the hope and expectation of making another award. We are now gathering ideas for a slightly more substantial offer to help develop more complex projects. Do let us know your thoughts about that – those of you are members can post and discuss on the members' website. Do please also do what you can to help us build the funds and offer as much as possible for this.

Finally we are really happy to draw attention to the publication of A systematic review of literature on homicide followed by suicide and mental state of perpetrators by Alexis Theodorou and colleagues in *Criminal Behaviour and Mental Health*⁵. This is exciting for Crime in Mind as it was our first seed corn funded project. It is accompanied by two really insightful editorials by Adam Lankford⁶ of the University of Alabama, USA who has already written widely in the field⁷ and Sandra Flynn⁸, University of Manchester, UK, with an extensive portfolio in homicide and suicide research⁹.

John Gunn & Pamela

Chairman

Chairwoman

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5. Theodorou A, Sinclair H, Alf S, Sukhwaj S, Bassett C, Hales H. (2024) A systematic review of literature on homicide followed by suicide and mental state of perpetrators. *Criminal Behaviour and Mental Health* <https://doi.org/10.1002/cbm.2322>

6. Lankford A. (2024) Studying mental disorders among perpetrators of mass murder-suicide: Methodological challenges and promising avenues for new research. *Criminal Behaviour and Mental Health* doi.org/10.1002/cbm.2323

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Hear No Evil, Do No Harm; Academic Feminists Fight Ethics Creep in Study of Gender-Based Violence:

A commentary by Phoebe Collins on Molly Dragiewicz and Delanie Woodlock's paper "I'll be Okay": Survivors' Perspectives on Participation in Domestic Violence



Dragiewicz and Woodlock quickly identify the academic giants on whose shoulders they stand. “Some of the first major studies on violence against women were by feminists...In Russell and Howell’s 1983 project^[i], interviewers received 65 hours of training on rape, incest, and how to discuss sexual abuse sensitively. This commitment to the safety of participants in violence against women research was adapted from the approaches used in direct service work with survivors in rape crisis centres and women’s refuges”. More recently, UK Women’s Aid organizations developed the Research Integrity Framework for Domestic Violence and Abuse^[ii] to guide ethical considerations for research in this area.

Dragiewicz and Woodlock argue that despite such significant specialist training of researchers by victim-support non-governmental organisations (NGOs), academic study of gender-based violence is now stymied by inappropriately restrictive University Research Ethics Committee (REC) guidance. This “ethics creep” includes demands regarding topics, participants, question items, theoretical frameworks, and research team composition. The Australian National Health and Medical Research Council demands risk-benefit decisions by ethics boards are evidence-based, yet “research indicates that REC demands are often based on commonly held assumptions about the harmfulness of talking about sensitive issues rather than evidence”.

Overly strict conditions for approval may prevent research with key populations on critical issues – such as domestic violence. And if it’s under-studied, where is the evidence base to guide services? Hear no evil indeed.

RECs most commonly expressed concern that talking about trauma could psychologically harm participants. However Dragiewicz and Woodlock's review the emerging research that discussing traumatic events is usually experienced as less stressful than everyday life events “such as getting a paper cut or sitting a difficult maths test”. They cite a meta-analysis of research with survivors of trauma, including domestic violence, with 70 studies and 73,959 participants; while some participants did experience distress, this was not extreme^[iii].

In their study, Dragiewicz et al used semi-structured interviews with 20 Australian survivors of technology-facilitated domestic violence. Like feminist scholars before them, they partnered with specialist domestic violence organizations, to ensure “support systems and safety were built into the process. We knew that participants were being supported by experienced professionals throughout the research process”. These organizations advised on interview protocols, consent forms, aided recruitment and provided safe spaces for interviews. This security conscious approach was vital given participants’ need for safety and privacy and was notably absent from “some Australian RECs demand that interview transcripts be sent to participants for verification”; not ideal if your abuser opens your mail. This partnership with NGOs did however exclude victims who had not made contact with services. They used a “positive empowerment” approach to “ensure that the research process is not re-traumatizing for survivors with commitments to provide participants opportunities to tell their stories”.



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^[i] Russell, D. E. H., & Howell, N. (1983). The prevalence of rape in the United States revisited. *Signs: Journal of Women in Culture and Society*, 8(4), 688–695. <https://doi.org/10.1086/494003>.

^[ii] Women’s Aid (2020). Women’s Aid Federation Northern Ireland, Scottish Women’s Aid, Welsh Women’s Aid. Research Integrity Framework (RIF) on domestic violence and abuse (DVA). Women’s Aid, Women’s Aid Federation Northern Ireland, Scottish Women’s Aid, Welsh Women’s Aid.

^[iii] Jaffe, A. E., DiLillo, D., Hoffman, L., Haikalis, M., & Dykstra, R. E. (2015). Does it hurt to ask? A meta-analysis of participant reactions to trauma research. *Clinical Psychology Review*, 40, 40–56. <https://doi.org/10.1016/j.cpr.2015.05.004>.

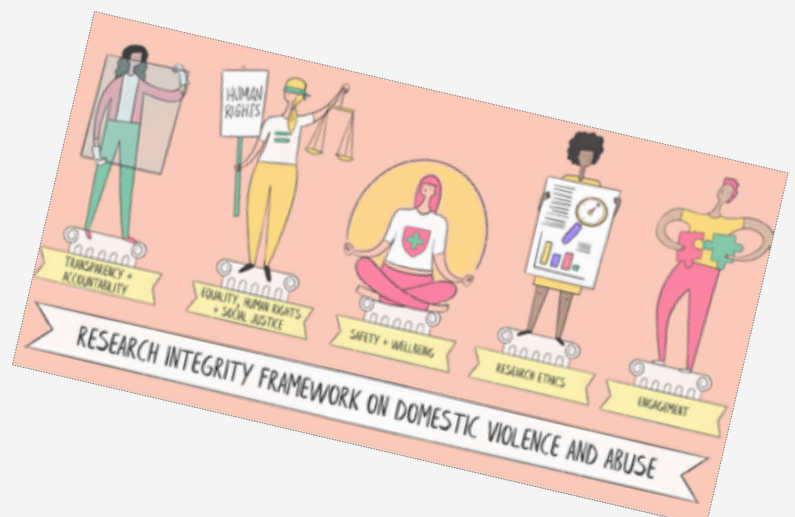
Template analysis of interviews identified five themes - reflection on recovery and personal growth; helping other women; rejecting victim-shaming; empowerment; and the importance of timing. All 20 participants reported that they found the interviews to be a positive experience overall and that they would recommend participating in similar research to other women.

Are there implications for clinicians as well as researchers?

As one participant stated, survivors “are silenced all the time”. When asking our patients about their experiences, where do we draw the line between causing harm and giving them space to speak? With specialist training from and co-working with skilled organizations supporting victims of gender-based violence, can we sensitively allow women to draw this line for themselves? Further research could define optimal training content, competencies and measurement of competencies for researchers and indeed for clinicians working with victims. No demographic group - including survivors of domestic violence - should be denied research into their problem because of un-evidenced assumptions about their problem related vulnerabilities.

Dr Phoebe Collins (ST5) has just finished her placement on Bow Ward, in John Howard Centre MSU.

Bow Ward is a female forensic ward where many patients are survivors of abuse.



Neurodiversity and Forensic Psychiatry - 10th Seminar of Forensic Psychiatry

Munich and Kloster Seeon 31st July - 4th August 2023

The Ghent Group presented their 10th annual residential seminar on Forensic Psychiatry in Europe with the focus on Neurodiversity and Forensic Psychiatry

Since the first meeting in Ghent, Belgium, in 2004, the Ghent Group, developed for European forensic psychiatrists and forensic psychiatry trainees but welcoming people from other relevant professional disciplines too, has presented annual conferences, rotating between centres in the different countries participating, and the residential seminars which are topic based and run in a former monastery in Bavaria, thanks to the support of Bildungswerke Irsee, the Universities of Munich, Cardiff and Antwerp and the Royal College of Psychiatrists' Forensic Psychiatry Faculty.

The annual seminars focus on the commonalities and differences in law, framework, training and practice in different European countries and framed as far as possible in research evidence.

As a SAS psychiatry trainee, living with Autism Spectrum Disorder (ASD), Attention-Deficit Hyperactivity Disorder (ADHD) and Dyslexia, I attended both to learn and inform. Living with more than one neurodivergent condition has many challenges, but it should not hinder an individual's strengths and talents. This was a core theme in the seminar.

The seminar focused on the assessments and managements of the most common neurodivergent conditions (ASD and ADHD), and the CJS (Criminal Justice Pathways) in European countries for offenders living with neurodivergent conditions. The lectures focusing on Neurodiversity, Human Rights, Civil Law and the framework of Criminal Law within the EU highlighted the vast gaps of research in this area, and it is easy to recognise why we are still seeing a lack of understanding and empathy towards enforcing reasonable adjustments under the UK's Equality Act 2010, reflective of key principles in the European Convention on Human Rights. There is fear that concerns about "missed diagnoses" and "increase in numbers diagnosed with ASD or ADHD" of high-functioning individuals would "blur" the essential criteria for these neurodivergent conditions. Indeed recognition of the conditions is rising, but this means that there should be more research investments and inputs into this area, along with the acceptance that we still don't understand and empathise with those who are living with these conditions.

I would like to share my personal opinion that any core trainee who has an interest in Forensic Psychiatry, should attend these seminars. It is important to be reflective on how our own country's criminal law and approach to ethics and services compare with those elsewhere in Europe. The seminar is intensive, but you will live for a week in the monastery in idyllic surroundings. You can also participate in a tour of this former Benedictine monastery, and hear about others who were there before you, not least Mozart.

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The next seminar is set to take place from Monday 5th August - Friday 9th August 2024

Mail: info@bildungswerk-irsee.de

**Written by Dr Anna S Sri
(SAS Psychiatry)**



LGBTQI+ and Intimate Partner Violence (IPV)

written by Dr Brad Hillier, Consultant Forensic Psychiatrist



There are many different types of “violence” that can be conceptualised as occurring towards LGBTQI+ people. If it is accepted that LGBTQI+ rights are human rights, then any organisation, institution or state that does not recognise them and protect them are arguably carrying out violence against this group; state-sanctioned violence in the form of the death penalty and corporal punishments exist in a number of countries globally and obviously have extremely deleterious effects on the health and wellbeing of sexual minorities in these places.



More insidious forms of discrimination and stigma, even in societies where LGBTQI+ rights are enshrined in law and actively protected, still occur. They form the basis of “minority stress”, an established transtheoretical model describing the acute and chronic impact of these forces on minority individuals – in this case sexual minorities – who have to hide their true identities, including consciously and unconsciously from themselves. Associated with this is the internalisation of homophobic narratives which add to the internal psychological conflict that is thought to underpin the significantly increased prevalence of many mental disorders and substance use in sexual minorities. These conflicts are not resolved by “coming out”, and if anything have the potential to be both reinforced by actual discrimination (as opposed to the fear of it resolved by secrecy) and associated stigma and shame.

LGBTQI+ relationships exist within this context of minority stress, societal discrimination and in some cases active persecution, which clearly range from shame and stigma, to realistic fear of physical violence and the death penalty in some places.

Perhaps unsurprisingly, LGBTQI+ relationships have significantly higher rates of intimate partner violence than heterosexual relationships, depending on how this violence is defined. For example, in a study of men who have sex with other men (MSM) in Nigeria in 2020, up to 55% of respondents reported “monitoring behaviour” as a feature of their relationship, with emotional violence in 45%, physical violence in 31% and sexual violence in 20%. Recourse to justice is also extremely limited owing to the criminalisation of same-sex activity.

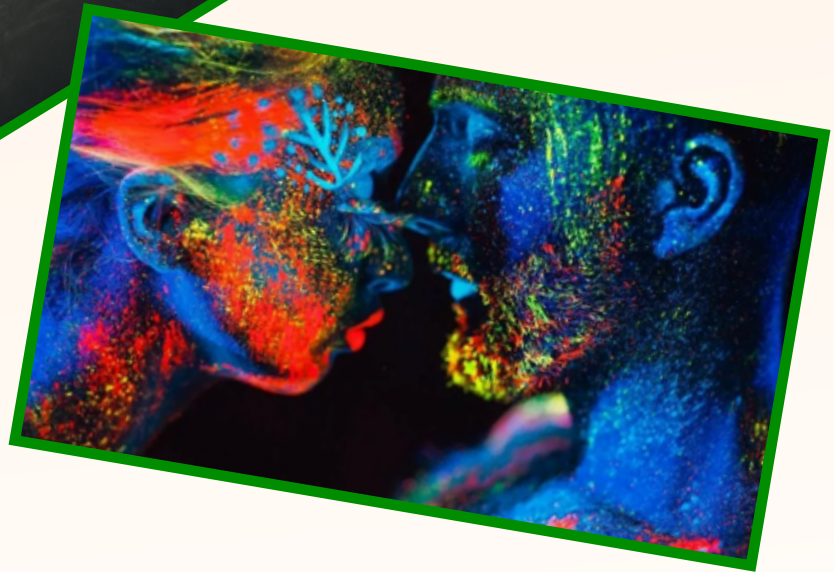
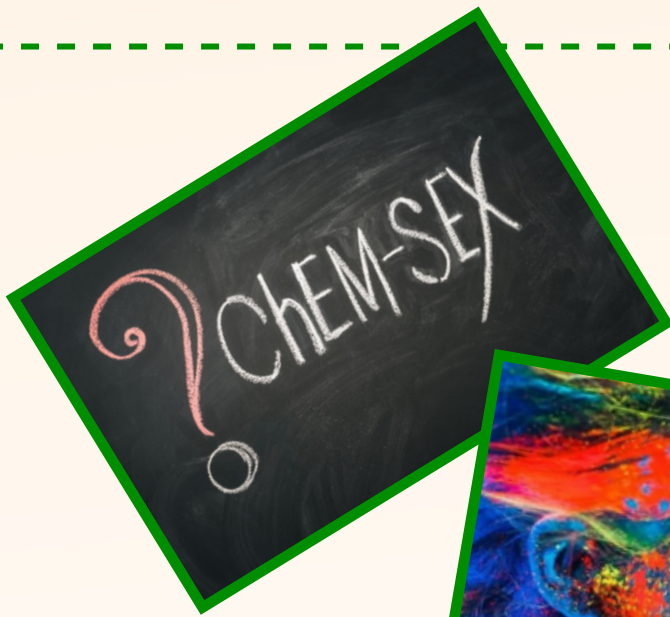
The addition of substance use, increasingly evident particularly through the phenomenon of “Chemsex”. This is a specific form of sexualised drug use (SDU) involving primarily the stimulant methamphetamine and/or gamma-hydroxybutyrate (GHB; a disinhibiting depressant) facilitated by geolocation dating or “sex meet” apps for MSM, and is also shown to increase risk of IPV. A recent longitudinal cohort study of 557 men in Los Angeles, followed between 2014 and 2020 demonstrated both high rates of both physical and sexual IPV (up to 22% of people) which was significantly associated with stimulant use in the preceding 6 months (IPV group 68% vs Non-IPV group 42.1%; $P < 0.001$). Similar associations were also found with regards to being HIV+, adding further weight to the emerging syndemic association between violence, HIV+ status, stimulant use (and mental health problems) in this



Chemsex and IPV...

A challenge that Chemsex poses to definitions of IPV includes that of what constitutes an “intimate partner”. It is not uncommon for such individuals to have met before, so having no form of pre-existing relationship. This contrasts with the more traditional terminology in heteronormative parlance, whereby a longer, possibly marital, relationship is often assumed. Clinical assessment and future research does need to consider this important difference and attempt to characterise it in methodology.

What is very clear is that men who have sex with men have significant risks of IPV (and other forms of violence) in association with a range of other substance use, mental, and physical health problems, which may present in a wide variety of settings within health, social care and justice. It is crucial that these opportunities are not missed to ask about IPV and safeguard these individuals, who may otherwise not disclose through fear, shame and stigma. All such settings will require a minority stress- and sexual minority-informed approach in order to ensure this.



Addressing Intimate Partner Violence by men who uses substances:

THE ADVANCE-D Programme

Gail Gilchrist, Professor of Addictions Healthcare Research, King's College London gail.gilchrist@kcl.ac.uk

Liz Gilchrist, Professor of Psychological Therapies, University of Edinburgh liz.gilchrist@edinburgh.ac.uk

Substance use is a strong and consistent risk factor for intimate partner violence (IPV) perpetration.¹ Our research found that around 4 in 10 men in substance use treatment had been abusive towards their female current or ex-partner in the past year.^{2,3} Rates of IPV perpetration by men in treatment for substance use are around 4 times higher than men in the general population.⁴ Risk factors for IPV perpetration, including adverse childhood experiences, general violence and mental health problems, are elevated among men who use substances which may account for the higher prevalence.^{2,3,5} We interviewed men in treatment for substance use and their (ex)-partners to better understand the role of substance use in IPV perpetration,⁶⁻⁸ to inform the development of the ADVANCE-D Programme.⁹

Men's substance use was linked with their use of abusive behaviour including when intoxicated, craving, in withdrawal, and when acquiring substances. We found a complex interplay between psycho-pharmacological effects of substances, gendered power relations and controlling behaviours. Intoxication, craving, and withdrawal from substances were rarely the only explanation as IPV perpetration is tied up with sexual jealousy, with perceptions of females behaving improperly and opposing male authority.

Despite the higher prevalence of IPV perpetration, there is a lack of perpetrator programmes targeted to influence the risk factors most strongly associated with abusive behaviour.¹⁰ Incorporating substance abuse or trauma components to perpetrator interventions has shown better results.¹¹ Perpetrator programmes that include motivational strategies increase attendance rates, treatment adherence, motivation for change, and behavioural and attitudinal outcomes.¹²

To address this gap, we developed The ADVANCE Programme focusing on developing participants' strengths and developing healthy, non-abusing relationships.⁹ Two main models to enable change were selected 1) personal goal setting to work with individual SMART goals to build genuine motivation to facilitate change and 2) self-regulation to manage disruptive emotions and impulses. In ADVANCE clients learn to build and practice self-regulation skills to manage themselves. The ADVANCE Programme was originally delivered face-to-face in a group setting.^{9,13} The Programme was adapted for blended digitally-supported delivery (ADVANCE-Digital (ADVANCE-D)), combining an individual goal-setting session, 7 online groups, 12 self-complete website sessions led by a digital coach to practice what was learned in the groups and 12 individual coaching calls/sessions from a facilitator.¹⁴ Preliminary findings support the feasibility of delivering ADVANCE-D in substance use treatment. Online training and certification have been developed for facilitators.



Funding has been awarded to conduct a multi-centre cluster randomised controlled trial to test whether ADVANCE-D for men who use substances and are serving a community sentence or who are on license for IPV perpetration is superior in reducing IPV perpetration compared to usual criminal justice offender management in the short (4 months), medium (12 months) and longer term (24 months).

For more information about the ADVANCE-D Programme see <https://www.kcl.ac.uk/research/advance> or contact gail.gilchrist@kcl.ac.uk or liz.gilchrist@edinburgh.ac.uk.

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Matriach and Inspirational Older Women

On December 8th 2023 WMHSIG held our conference "Listening to Matriarchs and Inspirational Older Women". All the speakers were women over 60 with a lifetime of experience including in medical leadership, running services for women and feminist writing and activism.

The idea for this conference started from thinking about female archetypes in stories – such as the wise woman, the mother, the maiden. Then we realised most of our ideas were about wanting to hear from older women so we decided to focus just on the wise woman or matriarch and learning from their stories and experience.

Our first plenary was "Focussing on Women" – chaired by Dr Syeda Ali who is a forensic psychiatrist and medical director of a woman-only secure hospital. The panel shared experiences with humour and warm connections in spite of serious topics which included Laila Namdarkhan talking about her journey to feminist advocacy for women in secure settings and informing the audience about the Istanbul Convention, and importance of single sex secure accommodation; Stella Dadzie author and founder of the Organisation of Women of African and Asian Descent (OWAAD) in the 1970s talking about stereotypes that Black women face; and College historian Dr Claire Hilton discussing mental hospitals in the 1920s including experiences of female patients, carers and staff.



L-R Dr Philippa Greenfield, Dr Syeda Ali, Dr Katie Clyde, Dr Stella Kingett, Dr Ruby Osario, Dr Cath Durkin, Dr Saadia Muffazar, Dr Violeta Perez, Dr Rina



L-R Dr Syeda Ali, Laila Namdarkhan, Stella Dadzie, Dr Claire

The second plenary was "Old and New Challenges" which I chaired. We heard first from Naomi Stadlen psychotherapist about the challenges and shock of new motherhood in today's society which many in the audience related to, then from Dr Jane Morris chair of Scottish Council discussing the harms of social media for young people, especially girls and acknowledging our own addictive behaviour to social media. Then Anna Fisher from Nordic Model Now brought the room to absolute silence listening to a talk about the harms of the sex trade including harrowing first-hand quotes.

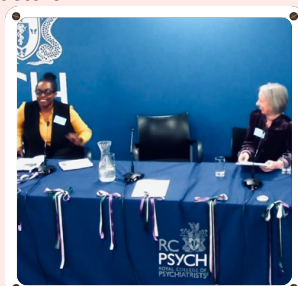


L- R Dr Jane Morris, Naomi Stadlen, Anna Fisher, Dr Stella

During lunch, there was a tribute to Dr Fiona Subotsky past medical director of the Maudsley and Honorary Treasurer and Honorary Archivist of the RCPsych and past President of Medical Women's Federation by our President, Dr Lade Smith CBE and Fiona also spoke about her groundbreaking career before cutting her cake which included a nod to her one of her books, "Dracula for Doctors".



Left: Dr Fiona Subotsky.



Right: RCPsych President Dr Lade Smith and Dr Stella Kingett

After lunch, Dr Pearl Hettiaratchy past Vice President of the RCPsych presented the essay and poster prizes before speaking at the third plenary, “Women in Medical Leadership”. We heard about her trailblazing career across 6 decades of psychiatry including a video clip about her vindication after medical managers were referred to the ombudsman after ignoring her advice about the discharge of vulnerable elderly patients from hospital to private nursing care. Then Professor Susan Bewley spoke about her family history and career in obstetrics in conversation with Dr Saadia Muffazar, including advice from her father and past President of RCPsych Dr Thomas Bewley about expressing hostility tactfully which is not always easy to stick to!

The final plenary was “Listening to Elder Activists” chaired by co-Presidential lead for women, Dr Philippa Greenfield. We heard from Ann Furedi, past CEO of BPAS about abortion rights and changes she has seen as to how women view abortion during her career.



L-R Dr Saadia Muffazar, Prof Susan Bewley, Dr Pearl Hettiaratch



L- R Dr Philippa Greenfield, Ann Furedi, Dr Stella Kingett, Hannana Siddiqu

We had lively and interesting questions from the audience, both on-line and in the room and were able to discuss some potentially difficult topics openly and with respect.

We had some lovely feedback, including that it was “riveting”, “joyous”, “vibrant” and had a “palpable sense of community”, “like finding your own tribe”.

Look out for our events in 2024 including IWD webinar and our next conference!



Research can transform lives.

We want to support discoveries about what helps people with mental disorder who have been victims of criminal behaviour, or perpetrators of criminal behaviour, and their families, and the clinicians and others who treat them and, indeed, the wider community when its members are in contact with these problems.

More effective prevention is the ideal, when this is not possible, we need more effective, evidenced interventions for recovery and restoration of safety.

We are very grateful for any donations to assist us in this mission. Donations help us to fund research projects and educate policy makers and communities.

Donations can be made to the Charity via the link below and can be a one off or regular payment.

As a charity we would welcome donations however small.

Please donate at <https://cafdonate.cafonline.org/3520#!/DonationDetails>

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