



BUCKINGHAMSHIRE NEW UNIVERSITY

EST. 1891

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Buckinghamshire New University Research Conference 3 July 2024

Susan Perryman, Senior Lecturer
Health and Social Care Professions



INSPIRED.
EMPOWERED.
EMPLOYED.



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Primary Research Study

“I never knew it was so prevalent”:
experiences and perceptions of student
health visitors recognising and
responding to domestic abuse in practice
placement settings





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Health and Wellbeing

Buckinghamshire New University health
and wellbeing support services

External support contact details available
on website





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Overview of Presentation

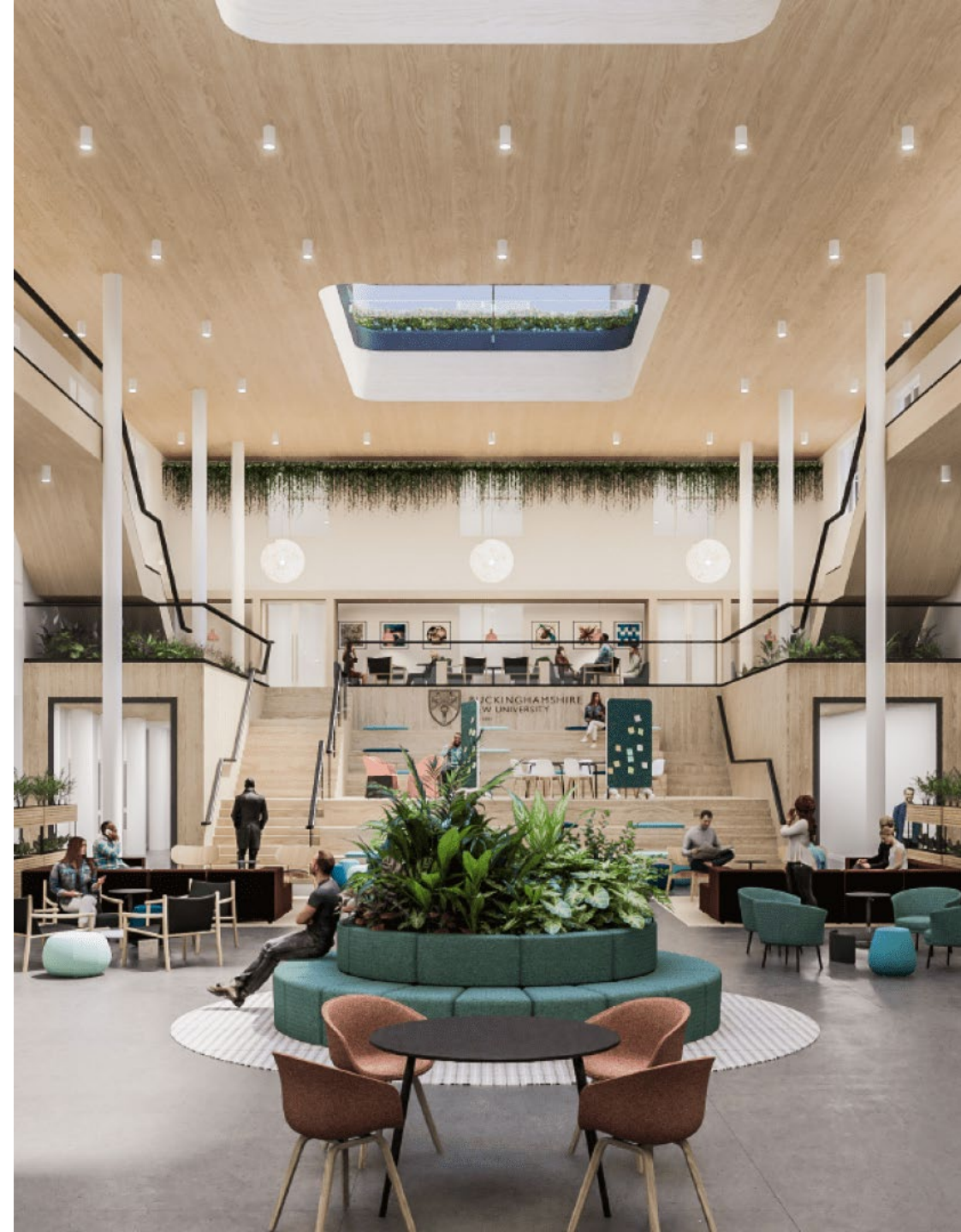
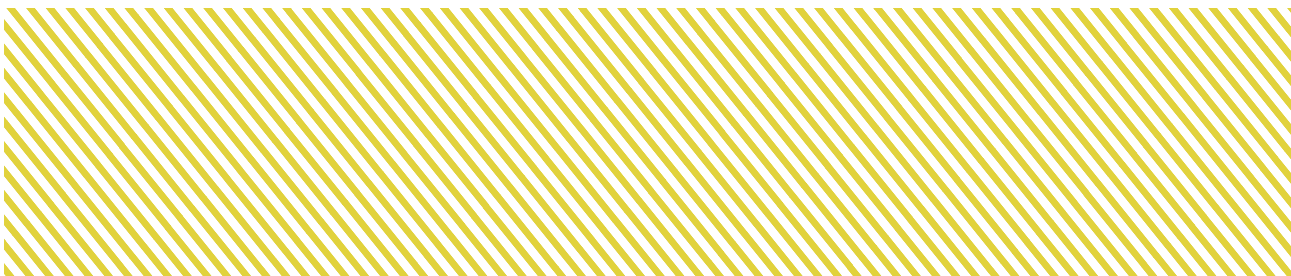
Introduction and background to research

Aims of the study

Methodology

Findings

Recommendations and Conclusion





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Welcome and Introduction

Susan Perryman

Senior Lecturer, Health and Social Care Professions

Community Health:

- BSc Public Health programme lead
- Specialist Community Public Health Nurse (SCPHN) programme





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Context

Specialist Community Public Health Nurse (SCPHN)

- Registered Nurse or Midwife
- Regulated by Nursing and Midwifery Council
- 1 year full-time post-registration course
- Qualification as a SCPHN Health Visitor, SCPHN School Nurse





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SCPHN Health Visitor Role

Autonomous practitioners working in communities to improve population health and wellbeing, with a focus on children aged 0 to 5 years

Universal service

Health visitors seek to address health inequalities, and have a key role in safeguarding those that are vulnerable within society (NMC, 2022)



nmc
Nursing &
Midwifery
Council

Standards of proficiency for specialist community public health nurses

Originally published: 7 July 2022





Background: Domestic Abuse

Defined as either a single act or a pattern of conduct occurring between those aged 16 years or over with a personal connection, domestic abuse incorporates a range of behaviours, including, but not limited to, physical, controlling, coercive, economic, psychological, and emotional abuse (*Domestic Abuse Act 2021*).

The Crime Survey for England and Wales estimated that 2.1 million people aged 16 years and over (1.4 million women and 751,000 men) experienced domestic abuse in the year ending March 2023 (Office for National Statistics (ONS), 2023)

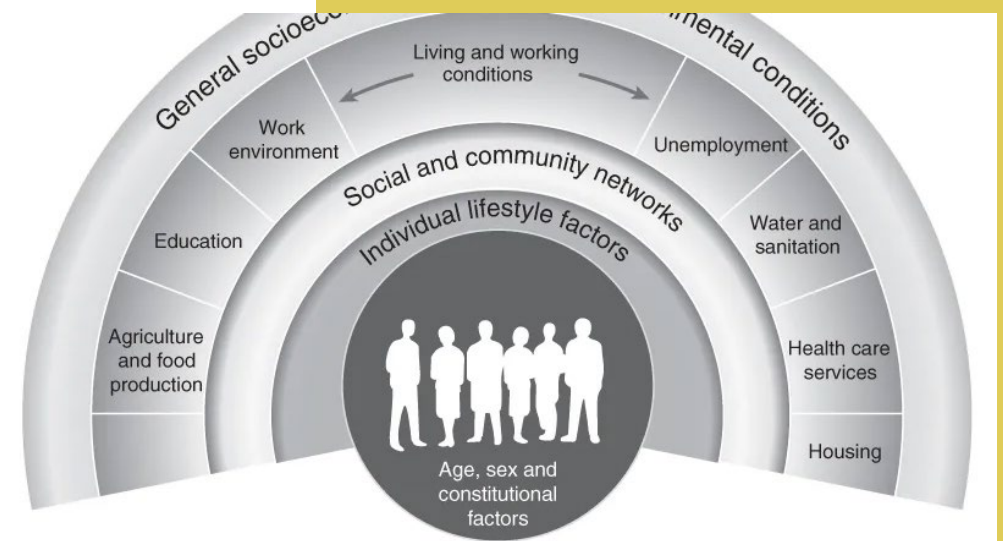




Domestic Abuse: Health Visitor Role

Health visitors “lead on identifying vulnerable people, families, communities and populations and take action to support, safeguard and protect them, and coordinate timely care and other responsive support when needed (NMC, 2022, p.20).”

Practitioners are guided to ask women during health visiting contact, if they are experiencing domestic abuse, with this practice known as ‘routine enquiry’ (Department of Health (DHSC), 2013; DHSC, 2017).





Student Health Visitor Role

Those undertaking the SCPHN course, referred to in this study as student health visitors, complete community placements under the supervision of Practice Supervisors and Practice Assessors, enabling achievement of defined proficiencies leading to SCPHN registration (NMC, 2022).

Routine enquiry for domestic abuse forms part of the universal Family Health Needs Assessment.

Development of safeguarding knowledge and skills required in recognising and managing domestic abuse in practice





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Background and Aim of Research

Although a core area of practice, limited data is available on the experiences of student health visitors working with domestic abuse.

The study aimed to examine the experiences of student health visitors regarding domestic abuse during community practice placements, with the objective of informing future curriculum strategies, and contributing to improved care for families and children experiencing domestic abuse





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Research Question

‘What are the experiences of student health visitors regarding the identification and responses to domestic abuse in practice placement settings?’





Methodology

Qualitative study using interpretive phenomenological analysis (IPA)

- Participants: five student health visitors undertaking SCPHN course at Buckinghamshire New University (BNU)
- Data collection: Semi-structured interviews, audio and video recorded and transcribed
- Data analysis: Thematic analysis reflecting IPA methodology
- BNU Research Ethics Approval





Results

Four superordinate themes were identified, each containing one to two subordinate themes

Superordinate Theme	Subordinate Theme
'Part and parcel of health visiting practice'	1) Normalisation
Challenges in identifying domestic abuse	1) Asking the question 2) Gendered experiences
Uncertainty and apprehension	1) What if they say 'yes'? 2) Raising the issue
Strengthening knowledge and confidence	1) Talking it through



Theme One: 'Part and Parcel of Health Visiting Practice'

All participants reported direct experience of domestic abuse as a practice component since commencing the SCPHN course, including identification of abuse and the associated safeguarding and child protection work practices.

Significantly, a sense of disbelief was commonly conveyed, and a perception of domestic abuse being a routine practice issue.

(It's) "massive,
big, very big"

"It just sort of seems that its rife
really...I had never been aware
that it was so prevalent"

"I think it's just normal for
them (health visitors). It's
just part of the role"



Theme Two: Challenges in Identifying Domestic Abuse

All participants demonstrated sound theoretical and procedural knowledge of routine enquiry. However difficulties in raising the issue were reported

“ I always ask the question...if it is obviously safe to do so

“To be honest, I don't like asking it”

Practice experiences were gendered with a service focus on women and children

“Health visiting is so focused on mum and child....I'd be absolutely shocked if a man did feel that they could tell me”



Theme Three: Uncertainty and Apprehension

None of the participants had experienced a disclosure of domestic abuse, and the prospect of managing disclosure created unease.

“I’m always a bit apprehensive asking the question because if they turn round and say...’yes’, I just think, what would I say next? What would I do next?”



Theme Four: Strengthening Knowledge and Confidence

An active approach to learning was apparent with participants adopting varied strategies, including accessing educational events, observing and speaking with qualified staff.

“Just talking through with colleagues helps. The more you talk about stuff, the more it kind of makes it a less daunting prospect”

“ I find reflecting so helpful”

“I just know who to go to for support; I know who to go to”



Discussion

Significance and scale of domestic abuse as a practice issue within health visiting evident

Routine enquiry for domestic abuse is embedded in health and social care policy and yet challenges in conducting enquiry and concerns over managing disclosure are reported, with a sense of associated internal personal distress conveyed.

Strengthening preparedness for domestic-abuse related practice necessary.

Acknowledging professional responsibility to promote equality, the gendered experiences reported, indicate a need for gender-inclusive practice





Recommendations

- Simulation-based learning activities incorporated into SCPHN curriculum
- Implementation in practice settings of practical frameworks guiding management of domestic abuse disclosure
- Protected supervision time in practice placement settings
- SCPHN advocacy and leadership to achieve equality in service delivery





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Conclusion

This study sought to examine the experiences of student health visitors in identifying and responding to domestic abuse whilst working in practice placements.

All participants reported direct involvement in this sphere of practice with varied experiences and perceptions described

The study identifies the commitment of the participants to furthering personal professional development and competence but finds the demands addressing domestic abuse often uncomfortable and stressful, particularly regarding disclosure management.

The significance of practice support for learners is identified, and recommendations made



Domestic Abuse Act
2021

nmc
Nursing &
Midwifery
Council



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Support

Text SHOUT to 85258 for Mental Health
Support

National Domestic Abuse Helpline 0808
2000 247

Men's Advice Line 0808 8010 327





References

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Thank you.
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