

Reflective practice

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Using Gibbs model of reflection (1988) I am going to describe, analyse and evaluate my experience of a family violence (FV) disclosure in my practice as a Well Child nurse in 2012.

Description:

The mother I am writing about I had seen twice before. At the first contact I initially asked about FV in her home, with no disclosure. On the second visit I did not ask about FV as she was in the clinic with her husband. On the third, only the mother and her infant were in the clinic and when I asked about FV she stated yes she had experienced FV. I asked her if she meant in the past or now and she said now. She said her partner had physically and verbally hurt her, and often told her no one would want to be with her if she left him, especially as she has children. She then went on to say that at that first visit (core 1) she could not believe I had come into her home and asked her about FV. I remembered asking this mother about FV at that visit and she had laughed and looked away. I remember at the time thinking something was not right, but I myself laugh when I am nervous so did not press this mother further. However, after discussing the initial package we give, I discreetly added the Shine card (my educator had advised me to have a few pamphlets/cards handy in my carry bag for every situation that could arise). The Shine card has a number for a confidential helpline to call if you are experiencing domestic abuse.

This mother told me that after my initial visit she had used this card and was now having counselling with Shine. Together they contacted the police about her husband's behavior, her husband had now moved out, and had appeared in court. She told me what she did was not easy but she knew it was not okay for her children to be witnessing this behaviour. This mother told me she now feels safe and happy knowing her children will not have to grow up witnessing these behaviours. After her disclosure, this mother thanked me for asking her about FV and for leaving the Shine card, as she had not been aware there was so much support available for women in her situation. She told me to continue to discuss FV with the families I work with.

Feelings:

I was initially shocked by this mother's disclosure, as I had never had a FV disclosure before. I remembered

one of the Clinical Advisors speaking to us briefly on a professional development morning about FV and telling us to practice what to say if we received a disclosure about FV – I feel this was valuable advice. I told this mother I was extremely proud of her for calling Shine and glad she was getting the support she needed, for herself and for her children. I felt happy that the small decision of leaving a Shine card had started the ball rolling for this family.

Evaluation:

In my Well Child practice I have been taught to screen for FV at every possible opportunity as FV can have a lasting impact on children and families lives. Plunket's Family Violence Prevention Policy and Protocols (2008) states *"The main reason for engaging in this complex and emotive issue is related to the devastating, long term and intergenerational effect that family violence has on the health and wellbeing of children and families"* (p.10).

This experience made me realize that you can ask the question about FV on a number of occasions but may never get a disclosure. This makes me think about working in partnership with families to build trusting and lasting relationships. Bidmead, Davis, Day (2002) state *"it is only in the context of a trusting relationship that more personal needs can be honestly expressed. Even then, questions have to be asked sensitively"* (p.245). FV is a sensitive topic so partnership, trust and sensitivity in talking about it must be respected. The Ministry of Health (MoH, 2002) states *"Few women volunteer information about abuse without being asked"* (p.39). The prevalence of FV within New Zealand is that one in three women experience physical or sexual violation from a partner in a lifetime (Ministry of Social Development, nd).

Analysis:

This disclosure was a good learning experience for me on a number of different levels. It made me realise that Well Child nurses have a unique opportunity to go into families home's and ask very personal questions. Davis (2007) says that *"nurses have a key role in encouraging disclosure as they are often a regular point of contact for women"* (p.7).

Well Child nurses also have an important role in educating families about the impacts of FV on children and families. On reflection this is an area I am going to do some more reading around to ensure I have factual information which I can share with families. Plunket's FV Prevention Policy (2008) states *"Well Child nurses should respond to a disclosure with key messages, acknowledge the clients circumstances, use appropriate support networks to assist,*

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and refer to whānau, kaumatua, pacific representative and other family violence agencies or CYF when required" (p.10). Well Child nurses need to be aware of where families can get help if needed, especially regarding what resources are available in the community in which they work. Everingham (2000) as cited in Davis (2007) states, *"Primary health care nurses can develop insight into family violence and gain better understanding and confidence in dealing with issues of abuse. Being aware of and understanding the issues around family violence is the beginning of change"* (p.9).

Macfie and Lensen (2003) state that a pilot study trialing screening for FV by a group of Plunket nurses found the main issues initially reported by these nurses were concerns for their personal safety, and perceived client reactions to being asked about FV. The findings at the end of the pilot study were that screening for FV had become an integral part of the nurse's practice and these concerns had been overcome. This study gave encouragement to other nurses who had not started on the journey of discussing FV with women and screening for FV is now standard clinical practice for Plunket nurses.

Conclusion:

I am very happy with the outcome of this mother's visit. I am happy I left the Shine card so she was able to call for help. I will continue to ask about FV without hesitation. Disclosure of partner abuse is a difficult step. *"Many victims feel shame and guilt, and have been told by the perpetrators they are responsible for the abuse they experience. Victims need clear messages that support and reassure them they are not at fault, and that help is available"* (Ministry of Health, 2002, p.44).

Although this situation had a positive outcome, there was a risk involved with leaving the Shine card without telling this mother. There could potentially have been adverse consequences if her husband had found it. The MoH (2002) states *"If the patient does not acknowledge abuse as a problem, but you suspect it, provide options for further contact with you or with other support agencies"* (p.41). If I came across this situation again, instead of leaving the Shine card without an explanation I would show the mother

the information in the bag including the Shine card. This would enable her to remove the card if she was concerned about her partner finding it.

Action plan:

If this situation arose again I would continue to trust my instincts. I also think it is important to have a good understanding of what to do when you get a disclosure about FV, as a mother or family member is opening up to you and asking for help. I think it is important for Plunket nurses to have read the Family Violence Prevention Policy as it has direct ways of supporting your working with families and FV disclosures. Talking about issues with families makes them real and not something that Well Child nurses should be scared of asking. I will continue to ask about FV knowing that I can make a positive change in families and children's lives.

I am sharing my experience in this situation as I believe it is important to share experiences with positive outcomes for both families and children. Ultimately, it is our role as Well Child nurses to make a difference in children and families lives.

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