



## An enquiry of 'Every3Days' a drama-based workshop developing professional collaboration for women experiencing domestic violence during pregnancy in the South East of England

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### ABSTRACT

**Objective:** this exploratory work examined and assessed the experiences of participants ( $n=90$ ) using an interactive drama workshop to facilitate the planning and understanding of multiagency working around domestic violence during pregnancy.

**Design:** a descriptive research design was utilised to collect data from field observations, participant reflective feedback sheets and semi-structured telephone interviews.

**Participants:** participants invited to the workshop originated from a wide range of backgrounds including health and social care, criminal justice and the third sector. All participants were invited to complete the reflective feedback evaluation form. To enhance the comprehensiveness of the enquiry, semi-structured interviews were also conducted with 10 of the participants.

**Findings:** shared themes emerging from the data analysis included improved awareness of the consequences of domestic violence; greater understanding of multiple professional roles including the policy context and enhanced skill development. However, participants questioned the extent to which this approach impacted upon longer term practice and policy development.

**Key conclusions:** by centring attention on the emic perspective of women themselves, the drama approach developed professional's awareness, relationships, understanding and skills. Nevertheless, drama can be an expensive education tool. It is therefore essential that further research explores the longer term impacts on practice and outcomes for women that include cost–benefit analysis.

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### Introduction

Violence against women is of a universal concern, and globally, it is estimated that one in every five women will face some form of abuse in their lifetime (World Health Organisation, 2005, 2010). Domestic violence and abuse can have long term health effects including psychological illness such as depression, post-traumatic stress disorder and physical and sexual abuse, which can result in death (Jasinski, 2004; Taillieu and Brownridge, 2006). Pregnant women are especially vulnerable due to the harmful consequences to both the mother and her unborn child (Taillieu and Brownridge, 2006). In the UK context, the Confidential Enquiry into Maternal and Children's Health (CEMACH) clearly identified that women are murdered as a result of domestic violence. During the years 2003–2005, 19 women died as a direct result of domestic violence (Lewis, 2007). More

recently, the Centre for Maternal and Child Enquires Report (CMACE) suggested that of the 50 maternal deaths unrelated to pregnancy during 2006–2008, 34 had features of domestic abuse with 11 of the 34 women being murdered as a direct result of that violence and abuse (Lewis, 2011). Regrettably, none of the agencies involved in the women's care shared any of the pertinent information they held with other relevant agencies. Such findings led the enquiry to recommend that local trusts and community teams develop guidelines for the identification of domestic violence and the provision of support, and developed pathways for multi-agency working (Lewis, 2007, 2011).

The case has been made for interprofessional learning to be based upon interactive approaches. This is to enable those involved in interprofessional working to engage with one another in a manner that facilitates the knowledge, skills, attitudes and confidence required for collaborative competence (Miller et al., 2001; Barr, 2002). However, while there is recognition of the need for effective interprofessional collaboration, relationships between health and other agencies have sometimes been problematic (Reeves and Scully, 2007). Factors shown to obstruct

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successful interprofessional collaboration have included the following: role confusion and boundary challenges, a lack of understanding between professionals of one another's roles and poor communication (Pethybridge, 2004).

The intervention under consideration here is the Every3Days drama workshop developed by a theatre company in collaboration with a Safer Community Partnership and service users in the South of England. The aim of the project was to enhance collaborative working by raising awareness of professional roles and boundaries, while reflecting on practice and developing collaborative responses to violent incidents during pregnancy. The title of the workshop 'Every3Days' was determined by Progress Theatre in acknowledgement that every 3 days in England and Wales a woman is murdered by a partner or ex partner. The drama aimed to convey knowledge of a major health issue through the presentation of theatrical format (Rolfe et al., 1995).

## Literature review

Domestic violence is of particular concern to the maternity and obstetric services, as pregnancy can be a particularly vulnerable time for women. Violence has been shown to begin or escalate during or shortly after pregnancy (Helton et al., 1987; Bacchus et al., 2004; Walby and Allen, 2004; Department of Health, 2005a) with prevalence rates ranging from 0.9% to 20.1% (Sampsel et al., 1992; Parker et al., 1993; Gazamararain et al., 1996). Domestic abuse during pregnancy has been linked to repeated miscarriage, antepartum haemorrhage, premature rupture of the membranes, premature labour, placenta abruption and fetal growth restriction (Shumway et al., 1999; Janssen et al., 2003; Yost et al., 2005; Webster, 2006).

In the last 5 years, increasing evidence has identified the need for collaboration and high quality communication between health and social care professions when working in the domain of domestic violence and pregnancy (Department of Health, 2005a, 2010a, 2010b; Lewis, 2007, 2011). Legislative and policy initiatives over the past decade have required health and social care agencies to work collaboratively together in partnership with service users to address the challenge of domestic violence. The message from the UK Government is clear: the way forward for addressing the challenge of violence against women and children can only be met by means of multi-agency working, with a locally driven co-ordinated approach to domestic violence services in every local authority area (Department of Health, 2009, 2010a, 2010b). However, the challenge is to develop an appropriate educational tool and validated training to make this occur. A lack of understanding of professional roles, poor information sharing and boundary infringement have all been identified as major factors, which can often limit the potential for collaboration around domestic violence (Lewis, 2007; Department of Health, 2009). Thus attempting to promote joint working in this sensitive area can be difficult. Collaborative work necessitates a commitment across agencies, which can sometimes be hampered by potential conflicts over organisational boundaries; lack of consensus; differences in principles and values between professional groups; inadequate resources and professional mistrust (Sloper, 2004; O'Connor, 2007; Banks et al., 2008). The case has been made for interprofessional learning to be based upon interactive approaches. Such approaches enable those involved to engage with one another in a manner that facilitates knowledge, skills, attitudes and confidence, all of which are required for collaborative competence (Barr, 2002; Barr et al., 2005; Freeth et al., 2005).

It has been suggested that 'fictional theatrical' performance delivered in health and social care education has the potential to

be interactive, promote humanism, empathy and self-reflection in health professionals (Lorenz et al., 2004; Shapiro and Hunt, 2003). Others profess that it can offer a powerful stimulus for reflective learning across professional boundaries and generate discussion that can lead to an intention to change practice (Baker, 2005, 2008; Kennedy, 2009; Ross et al., 2010). Drama productions have been used both nationally and internationally with a range of vulnerable groups to raise awareness about sensitive issues including the consequences of domestic violence (Hopkins, 2007; Daykin et al., 2008; Rossiter et al., 2008; Wan-Jung Wang, 2010). In Taiwan for example community theatre and independent facilitation was used as a means of exploring alternatives to managing family conflict with female elders (Wan-Jung Wang, 2010). Hopkins (2007) used theatre with young women in the North of England to develop a 'Labyrinth walk' highlighting their own individual journey through domestic violence by delivering performances to local professionals (Hopkins, 2007). Most commonly reported is the use of 'a performance' and follow up workshops, which allow for participants to change the outcome of the story. Using these techniques made it possible for groups of young people to examine the nature of respect and how respect and esteem is expressed in healthy relationships (Sawney et al., 2003). Rossiter et al. (2008) suggest that the evidence to support claims such as these about theatre's overall and long term effectiveness are often absent or inconsistent. Consistent with previous evaluations in this field, the key areas of analysis in this work focused on the extent to which participants enjoyed the production, gained a deeper knowledge of collaborative working and determined how the workshop had impacted on their own practice.

## The workshop, methods and data collection with participants

### *Description of the workshop*

The workshop consisted of two parts: a 90 mins delivery of interactive 'real life' scenarios and a 2 hrs post production action planning workshop for future collaboration. As Mienczakowzi (1997) suggests, real life performances can encourage interactivity and an in-the-moment re-enactment of the performance by both participants and actors. This technique is drawn from the work of Boal (1985), who developed a forum theatre approach or 'theatre of the oppressed'. This approach enables participants to identify personally with the scenes and improvise their professional response to the situations faced. This allows for multiple understanding and responses to difficult situations. Although the origins of this work centred upon encouraging the expression of the oppressed, this adapted approach allowed practitioners to explore challenging practice situations across large complex organisations where individual practitioners might feel powerless to facilitate change (Baker, 2008).

The theatre company was solely responsible for the development of the workshop. The content of play was developed through discussions between practitioners, policy makers in the field, a scriptwriter and theatre company members through a process of discussion, reflection and revision. This developed what Rossiter et al. (2008) describe as a fictional theatrical performance that is not based directly in research findings, but used for the purpose of health-care education. Similar to previous work (Shapiro and Hunt, 2003; Lorenz et al., 2004; Baker, 2005, 2008), by employing a personal story of 'Shelly's journey' (a pregnant mother living with an abusive partner and her encounters with multiple welfare agencies), the creators aimed to promote empathy, self-reflection and awareness in a multi-agency context. Aspects of facilitation included acting skills in

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