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ORIGINAL RESEARCH – QUALITATIVE

A researcher's journey: Exploring a sensitive topic with vulnerable women

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ABSTRACT

Background: The conduct of research regardless of the subject or methods employed brings responsibilities and challenges. These are greater when dealing with sensitive topics and vulnerable groups and therefore researchers must navigate a range of complex issues and make choices in relation to practical, ethical and philosophical concerns. While literature dealing with research methodologies and research design may assist to some degree, it cannot provide a clear pathway or template as each research project must respond to a unique set of circumstances. We can however, also learn from sharing our stories and critical reflections on our research processes.

Objective: The purpose of this article is to highlight the practical and methodological issues arising from researching a sensitive topic with vulnerable women experiencing an Assumption of Care.

Discussion: Research involving topics that are deeply personal and private combined with a vulnerable population can be complex and challenging for the researcher. Although some issues were anticipated from the literature, others encountered in this study were unexpected. Special considerations and prerequisites were necessary to build mutual trust and share power with women who had experienced an Assumption of Care at birth. Narrative Inquiry was a good methodological fit for this study as it privileged the voices of women and insisted that their experiences be considered within the context of their lives.

Conclusion: Although Narrative Inquiry is a suitable choice for researching sensitive topics with vulnerable women specific considerations are still required to ensure the benefits of this research for both participants and researchers.

Family and Community Service (FACS) have now replaced the formerly known Department of Community Services (DoCS) and in consideration of the timing of this study this article uses the terminology as DoCS.

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Summary of Relevance:

Problem or issue

- Researching sensitive topics with vulnerable women presents a myriad of challenges for the researcher. No research to date has examined the stories of women in relation to Assumption of Care.

What is already known

- A range of strategies is available and recommended for interviewing vulnerable women with the aim of avoiding further trauma.

What this paper adds

- Through reflection on a research project involving a sensitive topic with vulnerable women this paper highlights methodological, practical and ethical issues that often remain hidden in this sort of research.

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Researchers have at their disposal a range of methodologies and methods, some more suited for focusing on sensitive topics with vulnerable women, than others. We experienced challenges in our research about Assumption of Care at birth (the forcible removal immediately after birth of a baby by the State from her or his mother). This article draws on the principal researcher's experiences to highlight the practical and methodological issues arising from researching sensitive topics with vulnerable women. Specific considerations required to ensure the appropriateness of this research for participants and researchers include careful choice of methodology, trust-building in a safe, power-sharing relationship between the participant and the researcher, and researcher reflexivity.

Research commonly covers the breadth of human experience with people from all walks of life, some of which deals with the double issue of a sensitive topic and vulnerable participants. 'Sensitive' research has many definitions however the common theme articulated is that such research discloses behaviours or attitudes which under normal circumstances would be private and/or personal and when revealed can cause discomfort or disapproval.¹ While there is potential for any topic to be a sensitive one, some topics are more likely to cause distress than others.² These include topics of a deeply personal or private nature, those associated with embarrassment and stigmatisation, those related to experiences that are stressful and frightening, or topics that might be controversial. Sensitive research can also involve themes considered 'sacred' such as birth, sexuality or death.³ Vulnerability is similarly open to a variety of definitions. Fundamentally anyone who participates in research has the potential to be vulnerable. Participants could be considered vulnerable simply due to the fact that they are involved in research of a sensitive nature and therefore more susceptible to distress. Additionally, vulnerability may relate to the actual participants, as well as being the result of research questioning/discussion. An individual is often described as vulnerable if they experience diminished autonomy due to physical, psychological or status inequalities.⁴ There are a range of existing validated criteria for what defines a vulnerable woman. Although the measures vary, generally they include age less than 20 years, serious housing problems or no accommodation, serious financial difficulties, isolation with no support, a history of a mental health disorder, drug and alcohol problems either currently or in the past, or serious parenting difficulties e.g. known to The Department of Community Services (DoCS), domestic violence, or involvement with a social worker.⁵ Of course, vulnerability is a socially constructed concept and so open to a variety of definitions and it is important not to decide without evidence that these participants are vulnerable per se.⁶

The following paragraphs describe the context of our study into Assumption of Care followed by our reflections on the conduct of the study including methodological considerations and more practical aspects such as recruitment. The aim of the paper is to share our experience and thus highlight issues that often remain hidden in this sort of research.

1. The context of the research project

In 2007 two young children who were well known to the NSW Department of Community Services died tragically from child abuse and neglect. These two cases became the focal point of public concern and media attention. As a result the Special Commission of Inquiry into Child Protection Services in New South Wales, headed by Justice James Wood AOQC was established to investigate the safety and welfare of all children. Justice Wood noted that DoCS were overflowing with reports of suspected 'at risk' children and therefore, children with genuine risks were overlooked. To better identify these more serious cases he recommended changes to the

mandatory reporting from a child 'at risk' of any harm to a child 'at risk of significant harm'.⁷

This inquiry resulted in a number of recommendations and changes in 2009 to the NSW Child and Young Persons (care and protection) ACT 1998.⁸ With the changes to the Act, an unsubstantiated DoCS prenatal report meant that the baby was automatically considered 'at risk of significant harm'⁷ and the Director General was provided with new powers to order an Assumption of Care at the time of birth. Additionally, if a woman had a history of a previous child removed from her care the threshold for Assumption of Care in a subsequent pregnancy took precedence with the burden of proof shifted from DoCS to the woman. In this situation the woman is required to prove that the "circumstances that gave rise to the previous removal of the child or young person concerned no longer exist" (Section 106A, Child and Young Person's [care and protection] Act 1998).⁹ Assumption of Care is a challenging situation not least for the childbearing women involved.

Assumption of Care most often involves some of society's most vulnerable women including those experiencing drug and alcohol dependencies, mental health issues, domestic violence, poverty, homelessness and personal histories of child abuse and neglect. Midwifery is a profession that is defined by its relationship with childbearing women and prides itself on its woman centred approach to care and the role of the midwife working in partnership with women.¹⁰ As a feminist profession one aim of midwifery care is to empower pregnant women so that they continue into parenthood feeling strong and capable.^{11,12} The practice of Assumption of Care can challenge midwifery on every level.⁹

The principal researcher (CM) is a midwife with many years' experience in clinical practice and maternity service management in regional and tertiary settings and been involved in a number of cases of Assumption of Care. She has witnessed first-hand the effect of this practice on the women in the short term and also on the professionals involved including midwives and social workers. This includes supporting women and families after an Assumption of Care (attempting to ensure that the ongoing maternity care needs of the woman are met), and also with supporting and counselling maternity staff as they grapple with a mix of emotions and often dissonance that the practice has wrought. This led to a desire to more fully explore the experiences of those directly and personally involved in an Assumption of Care at the time of the baby's birth, particularly (but not exclusively) the 'mothers' to inform a way that could be less harmful to the woman, the midwife and associated professionals involved.⁹ The study participants include women (the mothers), midwives, social workers and case managers from the Department of Community Services (DoCS). This article focuses on our engagement with the women.

Assumption of Care is clearly a sensitive subject involving vulnerable participants: women whose babies are 'assumed' and thus it fits the definition of research that combines both a sensitive topic with a vulnerable population and is complex and challenging in a variety of ways. Challenges arise from recruiting participants who potentially have a deep distrust of health professionals, researchers or those seen to represent the 'establishment'.^{13,14} Other challenges result from the potential power imbalance between the researchers and researched and the risks associated with exploitation and misrepresentation.⁶ Further, particular challenges are associated with causing distress to a group which may have diminished financial and social resources and supports.⁶ Prior to recruitment, one of the first challenges was identifying a methodological approach that is appropriate to the topic and allows the researcher to address some of the constraints of working with a sensitive topic and a vulnerable group. Narrative Inquiry was chosen as the methodological approach for this research and

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