An Early Identification and Intervention Model for Domestic Violence

Clair Ramsden
Clinical Nurse Consultant
Sutherland Hospital
Sydney Australia

Michelle Bonner
Project Officer
South East Sydney Area
Women's Health Service
Sydney Australia

ABSTRACT

South Eastern Sydney Area Health Service (SESAHS) obtained Commonwealth funding from Partnerships Against Domestic Violence to pilot routine screening for domestic violence at a number of sites around the Health Service. One of the participating sites was the Emergency Department at Sutherland Hospital.

The aim of the pilot was for nursing staff to screen all women, sixteen years and over, for domestic violence for three months.

Following the pilot, an Early Identification and Intervention Model for domestic violence for the Emergency Department was designed using clinical indicators. This article will outline the model and its implementation. An evaluation of the model was undertaken which included feedback from staff and an audit of social work referrals.

Introduction

Domestic Violence is a range of violent, abusive or intimidating behaviours carried out by an adult against a partner or former partner to control and dominate that person. It is most often violent behaviour by a man against a woman. Domestic Violence has a profound effect on children and young people and constitutes a form of child abuse (NSW Health, 1999).

In 1996, the Australian Bureau of Statistics found that 23% of women in Australia who had ever been married or in a defacto relationship experienced violence by their partner at some time during the relationship. In 1990 in a study undertaken at St Vincents Hospital, Sydney it was shown that 12% of cases of alleged violence presenting to their Emergency Department (ED) were the result of domestic violence (Cuthbert, Lovejoy and Fulde, in SESAHS Domestic Violence Policy, 1998). In the same year, the Royal Brisbane Hospital found that 20% of women presenting to the ED were either current or past victims of domestic violence ((Roberts, Raphael, Lawrence, O'Toole and Stolz, 1993).

It is clear that women use the ED as one of their primary health services when they are in a violent relationship. However, national and international literature states that women are unlikely to disclose the violence unless asked directly by health staff (Hayden, Barton and Hayden, 1997; Keller 1996; Corbally 2001). It has also been reported by women that one of the most undesirable behaviours of health professionals was to treat the physical injury without inquiring how it had occurred (Haywood and Haile-Mariam, 1999).

Background

In 1999, the NSW Department of Health undertook a review of its Domestic Violence policy. One of the recommendations of the review was that the revised policy should include a provision for routine standardised assessment for domestic violence of women presenting to Emergency Departments with injuries.

Following this, 'Partnerships Against Domestic Violence' provided Commonwealth funding to the NSW Department of Health to pilot routine screening, and South East Sydney Area Health Service agreed to be part of the pilot. This incorporated five of its services including the Emergency Department at the Sutherland Hospital. The ED participated in the screening pilot project for 12 weeks between October and December 2000.

Prior to undertaking the screening, staff attended training on domestic violence, screening protocols and the referral pathway. Resources on local services and contact numbers were provided. Screening involved staff asking all women aged 16 years and over four questions about domestic violence as part of their routine assessment regardless of presentation. The women were screened in private without the presence of family, friends or children over the age of three. A preamble was given by staff which briefly outlined the screening project and explained that the project was voluntary and there were limits to the confidentiality. The screening questions were:

1. "Within the last 12 months have you been hit, slapped or hurt in other ways by your partner or ex-partner?"
2. "Are you frightened of your partner or ex-partner?"
3. "Are you safe to go home when you leave here?"
4. "Would you like some assistance with this?"

Staff offered all women who were screened regardless of their response an information resource card in the form of a purse size Z card. This was a state-wide resource developed for the project.

During the study period, 2 446 women over the age of 16 presented to the ED. Of these, 245 women (10%) were screened for domestic violence. Staff attempted to screen another 89 women. Where it was documented why screening did not occur, the main reasons given were that the woman was either physically or mentally unwell, or there was a presence of a partner or family member. Other reasons documented were women with dementia, were widowed or they had no partner.

Of the 245 women screened for domestic violence 36 women (14.6%) disclosed previous or current domestic violence. Of these 36 women, 14 (38.8%) accepted assistance when offered by staff. The assistance offered by staff included providing the information resource card, referral to social work, police, discussing options and providing support.

A comparison was made of domestic violence referrals to the Social Work department from the ED for the 3 months (July–September 2000) prior to the screening project. 2608 female patients 16 years and over presented to the ED and 8 women (0.31%) were referred to the social work department for domestic violence. During the study period 2446 female patients 16 years and over presented to the ED and 14 women (0.6%) were referred to social work department for domestic violence, an increase of approximately 100%.

Outcomes

It was clear that routinely screening for domestic violence in the ED setting was not successful as evidenced by the low screening rate of 10%. However, the project did highlight that of the women screened there was a significant disclosure rate of domestic violence. The project was also successful in raising the awareness of nursing and medical staff of domestic violence as a health issue for the female patients attending Sutherland Hospital, and it was identified that another model more applicable to ED practices could be implemented.

As a result, in consultation with the ED nursing staff and key services including a peer tertiary hospital [Area Child Protection trainer, Department of Community Services (DoCS), local Physical Abuse and Neglect of Children Services (PANOC), local Domestic Violence Liaison Officer's (DVLO) and the Social Work Department], an Early Identification and Intervention Model for domestic violence was developed.

Based on the use of clinical indicators, this model compliments the assessment strategies already in place for any patient attending the ED. When domestic violence is identified it incorporates the screening questions and outlines the referral process.

An outline of how the model has changed practice is demonstrated by the following case study of Mary.

Case Study

(Before the introduction of the model)
Mary, 36 years old, presents to ED at 6pm, grazes to the face, soft tissue injury to her arms, bruising on upper torso. Her explanation for the injuries is that she tripped and fell heavily down her garden steps.

Prior to the implementation of the model, Mary would have been triaged and treated for her physical injuries by the medical staff. She would have been discharged home with a referral letter to her General Practitioner for follow up.

Early Identification and Intervention Model (Appendix 1)

The Model utilises Physical and Emotional/Psychological Indicators of domestic violence as stated in the SESAHS Domestic Violence Policy and Protocol 1998.

The patient is assessed for domestic violence using the clinical indicators. If domestic violence is suspected it is recommended that they are interviewed alone and the nurse asks direct questions as stated on the Model. If disclosure occurs the social worker is called routinely. The Model also outlines other possible interventions staff should provide including referral to police, DoCS, arranging overnight stay, providing information on services in the area, contacting the Domestic Violence Line and generally providing support.

The Model incorporates the minimum standard of documentation required for actual and suspected presentations of domestic violence. It is also in-line with the NSW Children and Young Persons (Care and Protection) Act 1998 and encompasses the recommendations of the NSW Child Death Review 2000.

Case Study

(Following the introduction of the model)
Mary, 36 years old, presents to ED at 6pm, grazes to the face, soft tissue injury to her arms, bruising on upper torso. Her explanation for the injuries is that she tripped and fell heavily down her garden steps.

Utilising the Early Identification and Intervention Model, Mary's injuries would now be assessed by ED staff as possible physical indicators of domestic violence. With the model in place, Mary's treatment would now incorporate these interventions.

Domestic violence would be suspected by the ED staff and Mary would be interviewed alone and asked direct questions. If disclosure occurs, domestic violence would be acknowledged by the ED staff. Mary would then be referred to the ED social worker. Options would also be offered and discussed by the ED staff and Mary would receive information and contact numbers. If required, overnight stay would be sought. Intervention by the police and DoCS may be necessary. Mary would be triaged and treated for her physical injuries by the ED staff and a referral letter to her General Practitioner for follow up would be given prior to discharge.

The characteristics of the model are:

- minimum standard for documentation
- not gender specific, it includes both male and female
- incorporates the safety of children
- includes referral options for the local area
- an easy to follow flowchart for simplicity.

The flow charts are laminated and displayed in prominent positions around the ED. The model is included in the ED orientation program for nursing staff.

Evaluation

An evaluation of the use of the model in the ED has been undertaken. This evaluation involved feedback from nursing staff in the form of a questionnaire and an audit of referrals to the Social Work Department for domestic violence. A staff questionnaire was distributed to all 32 nursing staff in ED, 23 were completed and

returned (71%). Questions were asked regarding knowledge and use of the model.

- Twenty-one (91%) of nursing staff identified accurately where the model is displayed.
- Eight (35%) of nursing staff had identified domestic violence using the model.
- When domestic violence was identified, all of these patients were referred to the social worker.

Other interventions undertaken by the nursing staff included referral to DoCS, police and giving out information.

One RN stated that she had also provided "limited counselling and reassurance".

One RN did not know where the model was displayed, she/he had not been the RN who had identified domestic violence, but had actively continued follow up with the social worker and DoCS as part of her/his care.

Social work referrals for domestic violence for the period:

- 1 January to 31 March 1999 = 8 referrals
- 1 January to 31 March 2000 = 13 referrals, same period following the project
- 1 January to 31 March 2001 = 17 referrals, and from 1 January to 1 October 2001 = 37 referrals.

A gradual increase of referrals following education about domestic violence and the introduction of the Model can be seen.

Additional outcomes for the ED have been the development of the:

- Domestic Violence protocol.
- Elder Abuse protocol
- Sexual Assault protocol

All the protocols were developed in consultation with the key stakeholders including social work, local police, local DoCS, Area Child Protection Trainer, Aged Care Assessment Team, PANOC services and ED staff.

Conclusion

With the introduction of the Early Identification and Intervention Model, there is a recognition that domestic violence impacts on the patients health and that the ED can provide preventative medicine by identifying the cause, offering options and not just treating the presenting illness or injury. The Model has changed the ED approach to domestic violence.

As seen by the evaluation of the Early Identification and Intervention Model, Sutherland Hospital ED nursing staff are identifying domestic violence. It is clear that nursing and medical staff can no longer treat a patient while continuing to overlook the possible cause of the presentation – Emergency Departments can no longer ignore that domestic violence is a major health concern in NSW.

References

Australian Bureau of Statistics. (1996) *Women's Safety Australia.* Canberra, Commonwealth Government

Corbally, M.A. (2001) Factors affecting nurses attitudes towards the screening and care of battered women in Dublin A&E departments: A literature review. *Accident and Emergency Nursing,* 9, 27–37

Cuthbert, M., Lovejoy, F. and Fulde, G. (1998) Investigation of the incidence and analysis of cases of alleged violence reporting to the accident and emergency centre (1990) in *Domestic Violence Policy and Protocol,* Sydney, South Eastern Sydney Area Health Service

Hayden, S.R., Barton, E.D., and Hayden, M. (1997) Domestic violence in the emergency department: How do women prefer to disclose and discuss the issues? *The Journal of Emergency Medicine, 15*(4), 447–451

Haywood, Y.C. and Haile-Mariam, T. (1999) Violence against women. *Emergency Medicine Clinics of North America, 17*(3)

Keller, J.M. (1996) Invisible victims: Battered women in psychiatric and medical emergency rooms. *Bulletin of the Menninger Clinic, 60*(1), 1–21

NSW Health Department. (1999) Review of NSW Health Domestic Violence Policy Discussion Paper, Sydney, NSW Health Department

Roberts, G.L., Lawrence, J.M., Raphael, B., O'Toole, B. and Stolz, T. (1993) Domestic violence victims in a hospital emergency department. *Medical Journal of Australia, 159,* 307–310

Appendix 1

Physical Indicators

Fractures, bruising, burns (including cigarette and acid), lacerations, perforated ear drums, facial injuries, chest and back pain, sexual assault, gunshot and stab wounds, old or untreated wounds, miscarriage (pregnancy is a high risk time).

Emotional/Psychological Indicators

Panic attacks, chest pain, palpitations, unexplained severe crying spells, depression, suicidal behaviour/attempts, drug and alcohol abuse, recurrent presentations, gastro-intestinal upsets without obvious cause such as non-specific abdominal pain, complaints of headache, insomnia, choking sensation, reluctance to go home, low self-esteem, delay in seeking treatment.

⇩ ⇩

Interview patient on their own

Check Medical Records for previous presentations/history. Use Interpreters (including interpreters for the deaf/hearing impaired) as required: 9515 3222 (24 hrs, 7 days/week) or Telephone Interpreter Service: 131 450 (24 hrs, 7 days/week).

⇩

If Domestic Violence is indicated

BE SUPPORTIVE, ask direct questions. Adopt a non-judgemental, understanding approach.

Explain: This information will remain confidential to the Health service except where there are serious safety concerns for you or your children. Ask about children – current whereabouts, safety, consider are these children at risk?

⇩

Sample Questions

In my experience, these kinds of injuries occur when someone is hit in some way. Have you been hit, slapped or hurt in other ways by your partner, ex-partner or someone at home? We know that abuse and violence in the home affects many people. Are you frightened of your partner, ex-partner or someone at home? Are you worried about your safety at home? Are you worried about your children's safety?

⇩ ⇩ ⇩ ⇩

No evidence of Domestic Violence
Treat injuries as per normal procedure

If Sexual Assault is indicated, refer to Sexual Assault Protocol

Domestic Violence is Confirmed

⇩

Liase with ED social worker. In hours (page 432, ext 7588), weekend (page 432) or out of hours – social work referral book

Social worker explains to patient that social work is called routinely in these circumstances due to hospital policy

Domestic Violence is suspected

⇩

Consider referral to social work for assessment of parent and children's situation

⇩ ⇩

Document findings (see over page for documentation)

If the patient has serious injuries (gunshot, stab wounds, broken bones) or it is known the perpetrator is armed or has made threats, contact the Police 000

Ensure patient safety within the E.D

Contact DoCS: 13 36 27 (24 hrs, 7 days/week) whenever there are children living in the same household.

Use standard reporting form found in Frontline Procedures for Health Workers. DoCS fax no: 9633 7666 (24hrs, 7 days/week)

Inform senior nurse and medical staff

Offer patient telephone advice/information through Domestic Violence Crisis Line: 1800 65 64 63 (24hrs, 7 days/week)

If patient does not feel safe to leave the hospital, arrange overnight stay until social work review the next day

Provide information on domestic violence and contact numbers of support services

Appendix 1

Referrals

DoCS
(24 hrs, 7days week)
Ph: 13 36 27

Sexual Assault Service
St. George Hospital
Ph: 9350 2494
Crisis and after hours
Ph: 9350 1111

Sylvania Community Health Centre
Ph: 9522 1000

Caringbah Women's Health and Information Service
Ph: 9525 2058

Crossroads Community Care Centre (Miranda)
Ph: 9525 3790

Sutherland Shire Family Support Service (Jannali)
Ph: 9528 2933

Immigrant Women's Speakout
Ph: 9635 8022

Gay and Lesbian Counselling Service
Ph: 9207 2800

Resources

Domestic Violence Crisis Line
(24 hrs, 7days week)
Ph: 1800 65 64 63
For advice/refuge information

Child Protection Unit – SCH
(24 hrs, 7days week)
Ph: 9382 8111
For advice, consultation for child at risk concerns

Physical Abuse and Neglect of Children Team (PANOC)
Sylvania Community Health Centre
Ph: 9522 1000

Health Care Interpreter Service
(24 (24hrs, 7days week)
Includes interpreters for people who are deaf or hearing impaired
Ph: 9515 3222

Telephone Interpreter Service
days week)
Ph: 131 450

Supply:

Pamphlets on domestic violence

Victims of Crime Kit

Legal Options

Call Police/DVLO
For assistance on ADVO's, assault charge

Domestic Violence Liaison Officers available at the following police stations:
Miranda Ph: 9541 3899
Sutherland Ph: 9542 0899

Chamber Magistrate Sutherland Local Court
Ph: 9542 0290

Domestic Violence Advocacy Service
Legal advice for women only
Ph: 9637 3741
TTY: 1800 626 267

Southern Sydney Domestic Violence Court Assistance Scheme
For women only
Ph: 9589 1200

Sutherland Legal Aid
Ph: 9521 3733

Wirringa Baiya – Aboriginal Women's Legal Centre

Ph: 9569 3847

Freecall: 1800 686 587

Women's Legal Resource Centre
Ph: 9749 5533 (Advice line)
TTY: 1800 674 333
Freecall: 1800 639 784
(for Aboriginal Women)

Documentation

Time of arrival

Preferred language of the patient, any specific dialect and the need for an interpreter (including interpreter for the deaf/ hearing impaired)

History given

Type and severity of injuries sustained

Type of examination performed

Whether the injuries are consistent with the history given

If there have been previous instances of domestic violence

Where fear is expressed by the patient. The domestic violence may be non-physical in nature

Any emotional or social assessment

If the patient identifies the assailant by name and relationship, this should be included in the notes

Age and whereabouts of any children in the family

Treatment and referrals, including social work

Involvement of other agencies eg Police, DoCS, Sexual Assault, Mental Health, Alcohol and Other Drugs Services