

# Domestic Violence Routine Screening Program

Snapshot Report 9

November 2011



Health

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# Introduction

Domestic violence is a significant public health issue. It affects the physical, psychological, and social health of many women and children in New South Wales. Victims of domestic violence are high users of health services but are often not identified.<sup>1 2</sup> This limits the capacity of health services to intervene and provide appropriate and effective health care. It can also lead to victims remaining isolated, inappropriate diagnosis, and missed opportunities to prevent further injury or death and social costs.

Evidence suggests that routine screening can reach patients in the absence of presenting symptoms. It has been shown that women tend not to disclose their experience of domestic violence unless they are directly asked about it.<sup>3 4</sup> Women who receive an initial positive response to disclosures of domestic violence are more likely to seek further help to escape violence. When victims, or those at risk of domestic violence, are identified, early intervention can assist women to understand their options and prioritise their safety. Screening conducted face-to-face by skilled health workers increases the identification of domestic violence.<sup>5 6</sup>

Since 2001, former Area Health Services and from 2011, Local Health Districts have undertaken routine screening of female clients for domestic violence as an early identification and intervention strategy to promote

awareness of the health impact of domestic violence, ask questions about patients' safety in relationships, and to provide information on health services to help victims and abusers.

The *NSW Health Policy and Procedures for Identifying and Responding to Domestic Violence* (2003 amended 2006) formalised this strategy and requires screening to be undertaken in the four target programs of antenatal, early childhood health, mental health and alcohol and other drugs services. Screening in women's health programs and other programs is also undertaken.

NSW Health defines domestic violence as "violent, abusive, or intimidating behaviour carried out by an adult against a partner or former partner to control and dominate that person. Domestic violence causes fear, physical and/or psychological harm. It is most often violent, abusive, or intimidating behaviour by a man against a woman. Living with domestic violence has a profound effect upon children and young people and constitutes a form of child abuse." The definition underpins the screening tool.

All women attending antenatal and early childhood health services, and women aged 16 years and over who attend mental health and alcohol and other drugs services are screened as part of routine assessment. The prevalence of domestic violence and associated risks are high for female patients/clients in these clinical groups.

The screening tool (see Appendix 2) consists of a preamble that contains key background information for women to assist them to make an informed decision about participating in the screening. This includes information on the health impacts of domestic violence, assurances relating to the standard questions asked of all women and the limits of confidentiality.

- 1 Laing L (2001) Children, Young People and Domestic Violence Issue Paper 2, Sydney: Australian Domestic Violence Clearinghouse
- 2 Taft A, Watson L, and Lee C (2004) 'Violence Against Young Australian Women and Association with Reproductive Events: A Cross-Sectional Analysis of a National Population Sample', *Aust N Z J Public Health*, Vol. 28, pp324-9
- 3 Friedman LS, Samet JH, Roberts MS, Hudlin M and Hans P (1992) Inquiry about victimization experiences, a survey of patient preferences and doctor practices, *Archives of Internal Medicine* 152, 1186-1190.
- 4 Irwin J, Waugh F, (2001) Unless they're asked: Routine screening for domestic violence in NSW Health – an evaluation report of the pilot project, NSW Health
- 5 McFarlane J, Christoffel K, Bateman L, Miller V & Bullock L., (December 1991), 'Assessing for Abuse: Self Report Versus Nurse Interview' *Public Health Nursing*, 8 (4): 245–250.
- 6 Nelson HD, Nygren P, McInerney Y, Klein J (2004) Screening women and elder adults for family and intimate partner violence: a review of the evidence for the US Preventative Services Taskforce, *Annals of Internal Medicine* 140(5): pp387-396

Domestic violence is identified by asking two direct questions to elicit yes/no answers:

- Q1. Within the last year have you been hit, slapped or hurt in other ways by your partner or ex-partner?
- Q2. Are you frightened of your partner or ex-partner?

If domestic violence is identified, two further questions are then asked, one to ascertain safety and the other offering assistance.

- Q3. Are you safe to go home when you leave here?
- Q4. Would you like some assistance with this?

Where domestic violence is identified, the referral pathway is guided by the woman's preferences and needs. Health workers will refer women to relevant health services or to services outside the health system.

Health workers must make a report to the Department of Community Services Helpline where he or she has reasonable grounds to suspect a child is at risk of significant harm.

Police may be notified as the woman wishes and/or where there are concerns for the safety of the woman and/or her children, in accordance with NSW Health policy.

Health workers offer the z-card, *domestic violence hurts your health*, to all women screened. The card provides information on what domestic violence is, how it affects health and wellbeing, and what steps can be taken including where to find help.

This report documents the one-month snapshot of routine screening conducted in the Local Health Districts across New South Wales in November 2011. The same methodology has been applied in each snapshot since 2003.

Key data from each of the years 2003 – 2011 is presented at Appendix 1. This is the aggregated data for all NSW Health services, and is included for comparative purposes.

The profile of screening presented by the snapshots provides the NSW Ministry of Health, the Local Health Districts and individual participating services with valuable information for monitoring the strategy's implementation, evaluating compliance and informing service development.

# Snapshot Methodology

Local Health Districts collated data from the screening forms for each program that screened women for domestic violence in November 2011 during the snapshot period of 1 November – 31 November. This data was then provided to the Ministry of Health for preparation of the statewide snapshot report.

The data included the number of eligible women attending the services, the number screened, responses to the questions and key 'actions taken', including reports to Community Services, notifications to NSW Police Force, and other referrals including those made to a health or other service. Other 'comments' could also be provided.

The data collection form was similar to that used in previous years although the guidelines were refined yearly to clarify instructions and explanations (See Appendices for 2011 data collection form and guidelines).

## Snapshot 8: November 2011

### 2.1 Overall Results

#### 2.1.1 Key Findings

The key findings for the November 2011 Snapshot include:

Category	Number
Eligible women who attended a participating service	22,188
Eligible women who were screened	15,078 (68% of eligible women)
Eligible women screened who were identified as having experienced domestic violence in the previous 12 months	924 (6.1% of women screened)
Women accepting an offer of assistance	182 (19.7% of women identified as having experienced domestic violence)
Notifications or Referrals (Reports to Community Services, Notifications to Police, Other)	1,052

*\*Some women may have multiple referrals*

## 2.1.2 Extent of Screening Across Local Health Districts in November

Screening was conducted in all target programs in the 15 Local Health Districts. Women's Health Nursing Services returned snapshot data in 11 Local Health Districts, with Central Coast LHD, Nepean Blue Mountains LHD, Northern Sydney LHD and Western Sydney LHD not participating in 2011.

The Local Health Districts programs providing data for the 2011 snapshot are listed in Figure 1.

Figure 1: Screening conducted by program in Local Health Districts in 2011

Local Health Districts	Antenatal services	Alcohol and other drugs	Early childhood services	Mental health services	Women's health nursing	Additional programs #
Central Coast	✓	✓	✓	✓		
Far West	✓	✓	✓	✓	✓	
Hunter New England	✓	✓	✓	✓	✓	
Illawarra Shoalhaven	✓	✓	✓	✓	✓	
Mid North Coast	✓	✓	✓	✓	✓	
Murrumbidgee	✓	✓	✓	✓	✓	✓
Nepean Blue Mountains	✓	✓	✓	✓		
Northern NSW	✓	✓	✓	✓	✓	
Northern Sydney	✓	✓	✓	✓		
South Eastern Sydney <sup>8</sup>	✓	✓	✓	✓	✓	✓
South Western Sydney	✓	✓	✓	✓	✓	✓
Southern NSW	✓	✓	✓	✓	✓	X
Sydney	✓	✓	✓	✓	✓	✓
Western NSW	✓	✓	✓	✓	✓	X
Western Sydney	✓	✓	✓	✓	X	X

# Additional programs include sexual assault services, sexual health services, Tresillian, Karitane, Youth Health, Counselling  
 \* Data includes St Vincent's Hospital, Darlinghurst

### 2.1.3 Percentage of Women Screened

The percentage of women screened measures the number of women screened as a proportion of the number of women eligible presenting to a service.

A total of 22,188 women were identified as 'eligible' for screening by all programs participating in the screening snapshot, the breakdown by service is shown in Figure 2. This comprises:

- 10,503 in early childhood health services
- 6,441 in antenatal services
- 2,795 in mental health services
- 1,013 in alcohol and other drugs services
- 1,110 in women's health nursing services
- 326 in additional programs

Figure 2: Percentage of eligible women screened by program in 2011

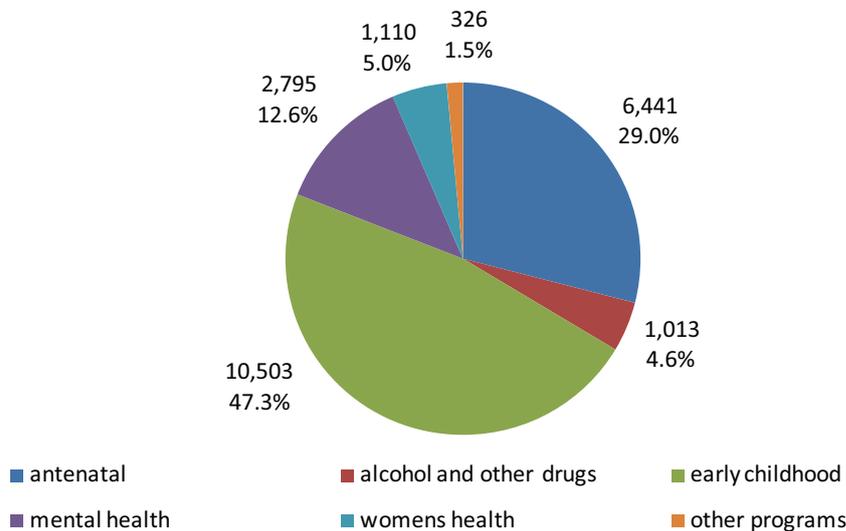
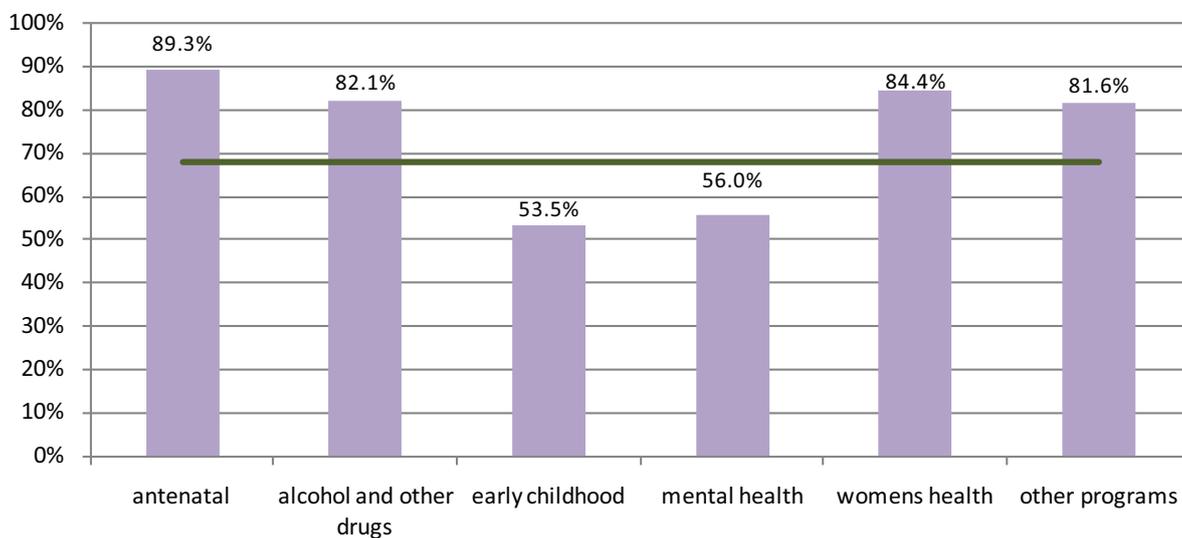


Figure 3: Number of eligible women screened by program in 2011



Of these eligible women, 15,078 (68.0%) were screened.

Women screened as a percentage of eligible women attending programs is shown in figure 3. The percentage varied by program with the highest percentage of women screened in antenatal services (89.3%) and the lowest percentage of women screened recorded in early childhood services (53.5%).

In 2011 the number of women screened for each program was:

- 5,751 (89.3%) in antenatal services
- 5,617 (53.5%) in early childhood services
- 1,564(56.0%) in mental health services
- 1,048 (84.4%) women's health nursing services
- 832 (82.1%) in alcohol and other drugs services
- 266 (81.6%) in other services

#### 2.1.4 Domestic Violence Identified

This measures the number of screened women where domestic violence was identified according to the screening tool, as a proportion of the number of women screened.

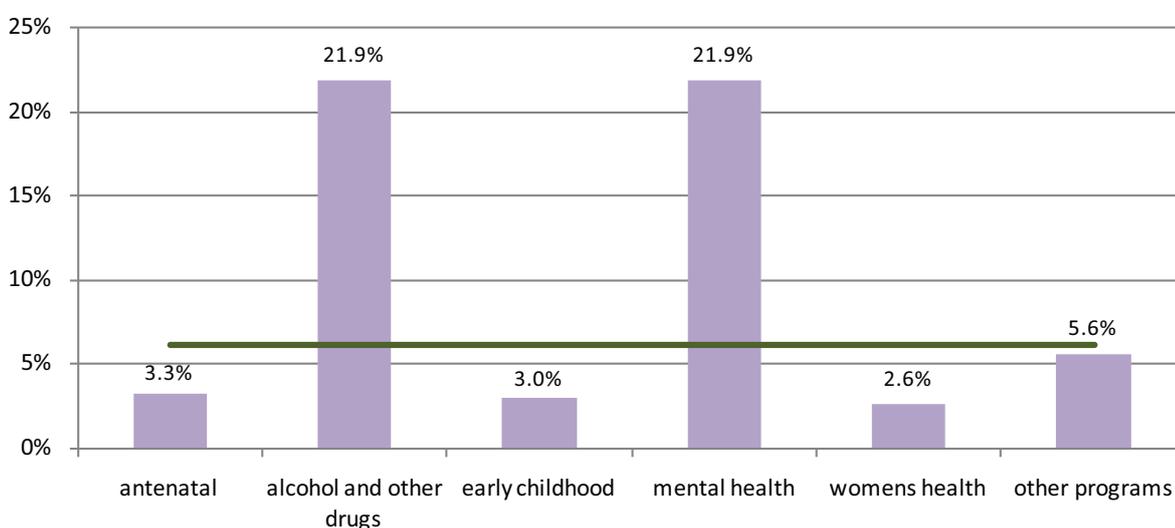
A woman was identified as a victim of domestic violence if she answered 'yes' to either or both of the following questions: 'Within the last year have you been hit, slapped or hurt in other ways by your partner or ex-partner?' and 'Are you frightened of your partner or ex-partner?'

Of the women screened across all programs, 924 (6.1%) were identified as victims of domestic violence according to the screening questions.

The percentage of screened women where domestic violence was identified varied across all programs as shown in Figure 4 and comprised:

- 3.3% (187 of 5,751 eligible women screened) in antenatal services
- 21.9% (182 of 832 eligible women screened) in alcohol and other drugs services
- 3.0% (171 of 5,617 eligible women screened) in early childhood health services
- 21.9% (342 of 1,564 eligible women screened) in mental health services
- 2.6% (27 of 1,048 eligible women screened) in women's health nursing
- 5.6% (15 of 266 eligible women screened) in other programs

Figure 4: Percentage of women where domestic violence was identified by program in 2011



### 2.1.5 Action Taken

'Actions taken' measures responses to women who were screened and comprised:

- support given and options discussed
- reports to Community Services
- notifications to Police
- other referrals

182 (19.7%) of women screened identified as victims of domestic violence accepted the offer of assistance.

'Actions taken' shown in Figure 5 comprised:

- 670 support given and options discussed
- 87 reports to Community Services including <sup>7</sup>
  - 20 (23.0%) by antenatal services
  - Five (5.7%) by alcohol and other drugs services
  - 25 (28.7%) by early childhood health services
  - 37 (42.5%) by mental health services

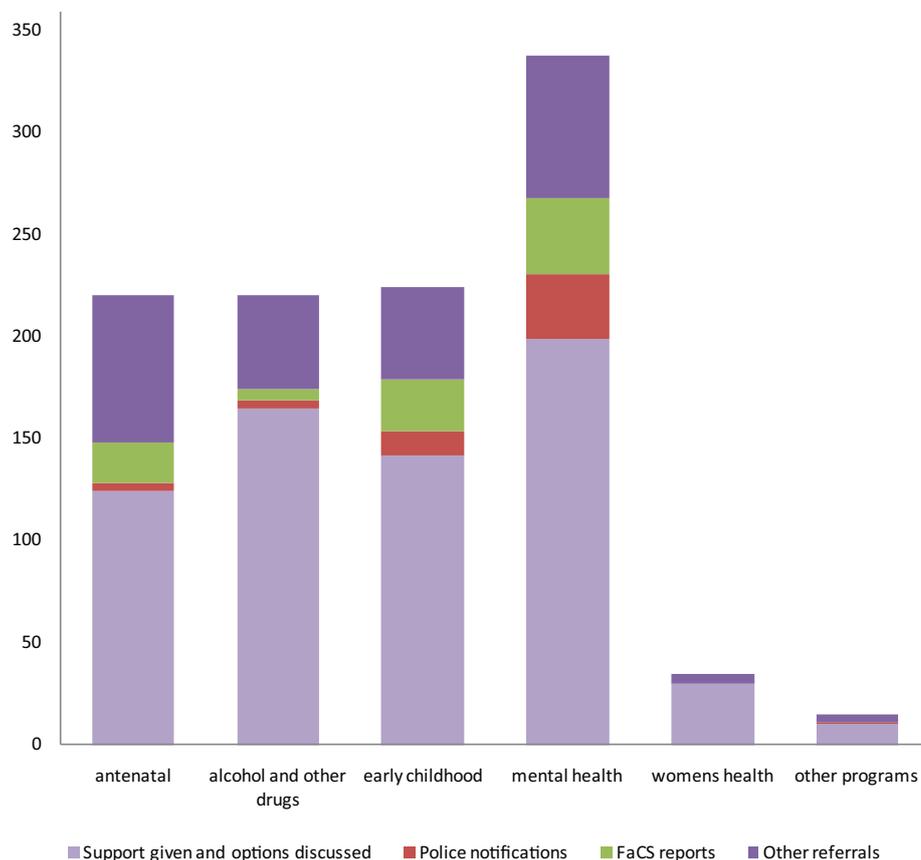
<sup>7</sup> From 2010, the NSW Health Child Wellbeing Teams were able to be contacted to provide support in identifying whether or not concerns constitute risk of significant harm, this includes use of the Mandatory Reporter Guide to help determine whether a child was at risk of serious harm due to domestic violence and guidance regarding what action may be taken by Health workers.

- 53 notifications to Police
  - Four (7.5%) by antenatal services
  - Four (7.5%) by alcohol and other drugs services
  - 12 (22.6%) by early childhood health services
  - 32 (60.4%) by mental health services
  - One (1.9%) other service
- 242 other referrals

Referrals to services within NSW Health were made to social workers, psychologists, psychiatrists, casework counsellors, mental health services, sexual assault services, family support services, sexual health, alcohol and other drugs services, Safe Start, Aboriginal services, adolescent services, and perinatal intake services.

Referrals outside the NSW Health system were made to GPs, Police, Tresillian, private psychologists and psychiatric services, women's health centres, housing support, Centrelink, Legal Aid, Brighter Futures, Family Support, New Horizons, CentreCare, Relationships Australia, Interrelate, and Benevolent Society as well as to specialist domestic violence services, including the Domestic Violence Line, legal services and women's refuges, DIVERT, Family Violence service.

Figure 5: Number of actions taken in all programs in 2011



Some women may be the subject of multiple 'actions taken' – e.g. a report to Community Services, a notification to Police and other referrals.

Comments indicated that some women chose not to be referred, or were already linked with services.

### 2.1.6 Reasons Provided for Not Screening

This is a measure of eligible women not screened as a proportion of all eligible women.

The presence of another person at screening accounted for 65.5% (representing 4,004 occasions) of the reasons given for not screening as shown in Figure 6.

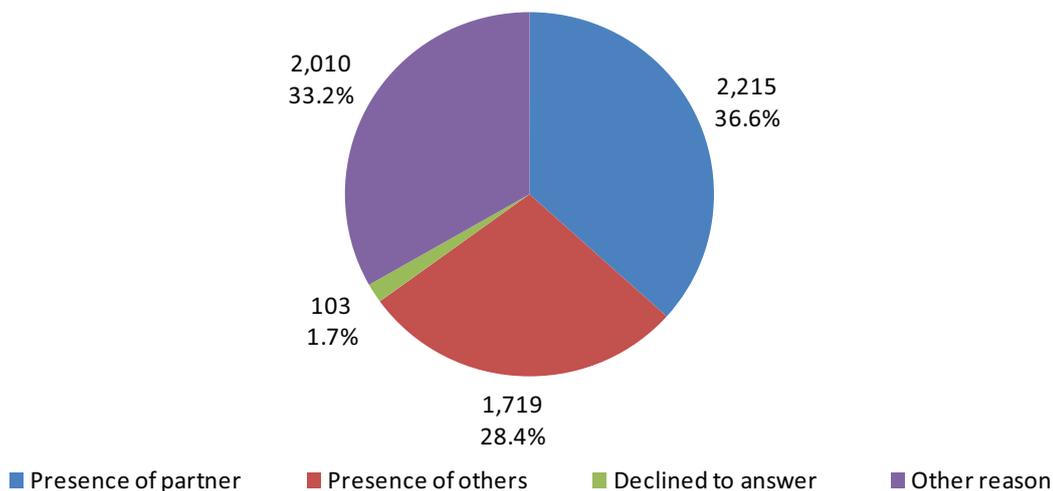
This was broken down into:

- 2,215 (36.2%) presence of a partner
- 1,789 (29.2%) presence of others
- 2,010 (32.9%) other reason
- 103 (1.7%) declined to answer the questions

Reasons for not screening provided in "Comments" can be generally categorised as:

- Women discharged before screening was completed
- Screening overlooked by clinicians
- Woman referred to other service where screening could be undertaken

Figure 6: Reasons provided for not completing screening in 2011



## 2.2 Results by Target Programs

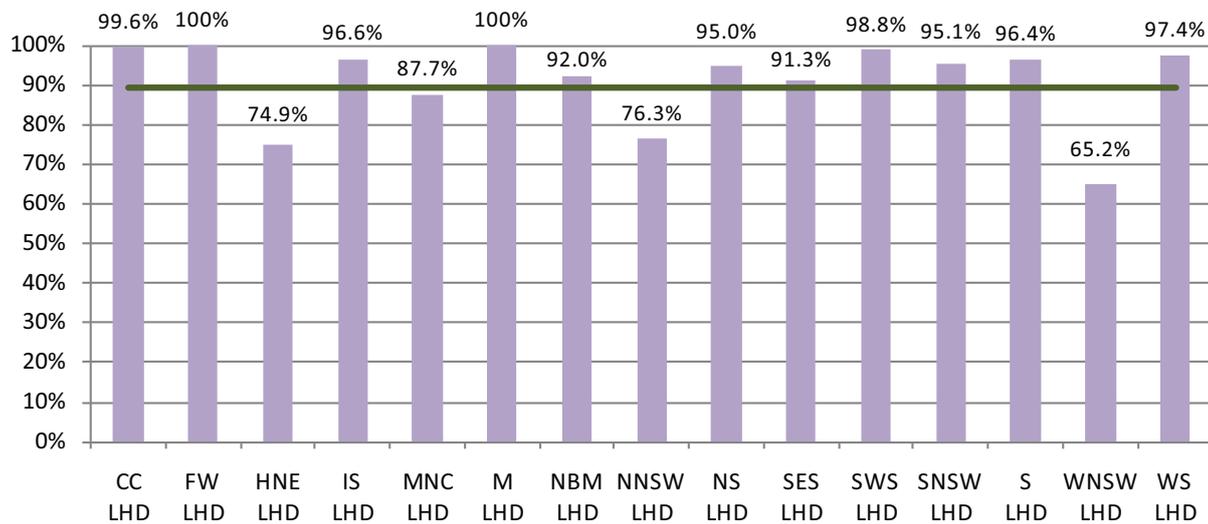
### 2.2.1 Antenatal Services

Antenatal services in all Local Health Districts screen for domestic violence.

6,441 eligible women attended antenatal services, of which 5,751 (89.3%) were screened.

The percentage of women screened across Local Health Districts ranged from 100% in Far West LHD and Murrumbidgee LHD to 65.2% in Western NSW LHD as shown in Figure 7.

Figure 7: Percentage of eligible women screened in antenatal services in 2011 by Local Health District



187 (3.3%) of screened women were identified as having experienced domestic violence in the previous 12 months. Identification rates varied from 13.0% in Far West LHD to 0.6% in Mid North Coast LHD as shown in Figure 8.

24 (12.8%) of the women identified as having experienced domestic violence accepted an offer of assistance.

'Actions taken' shown in Figure 9 comprised:

- 124 support given and options discussed
- 20 reports to Community Services
- Four notifications to Police
- 72 other referrals

The presence of another person at screening was recorded in 335 occasions (50.4%) and was the most frequently given reason for not screening as shown in Figure 10. 'Reasons for not screening' comprised:

- 249 (37.4%) presence of partner
- 86 (12.9%) presence of others
- 323 (48.6%) other reason (not cited)
- Seven (1.1%) declined to answer

Figure 8: Percentage of women who disclosed domestic violence in antenatal services in 2011 by Local Health District

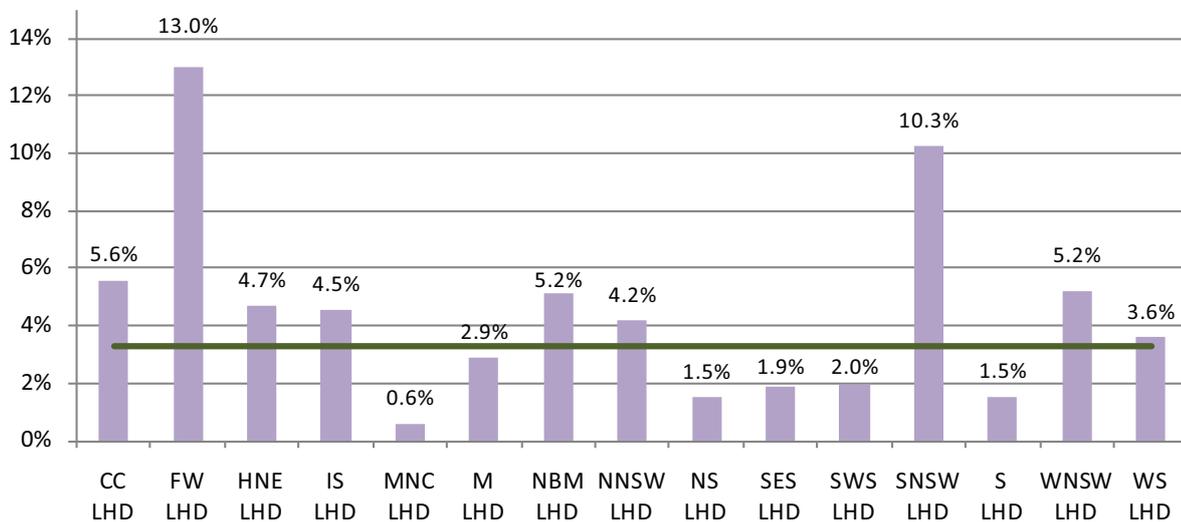


Figure 9: Number actions taken in antenatal services 2011 by Local Health District

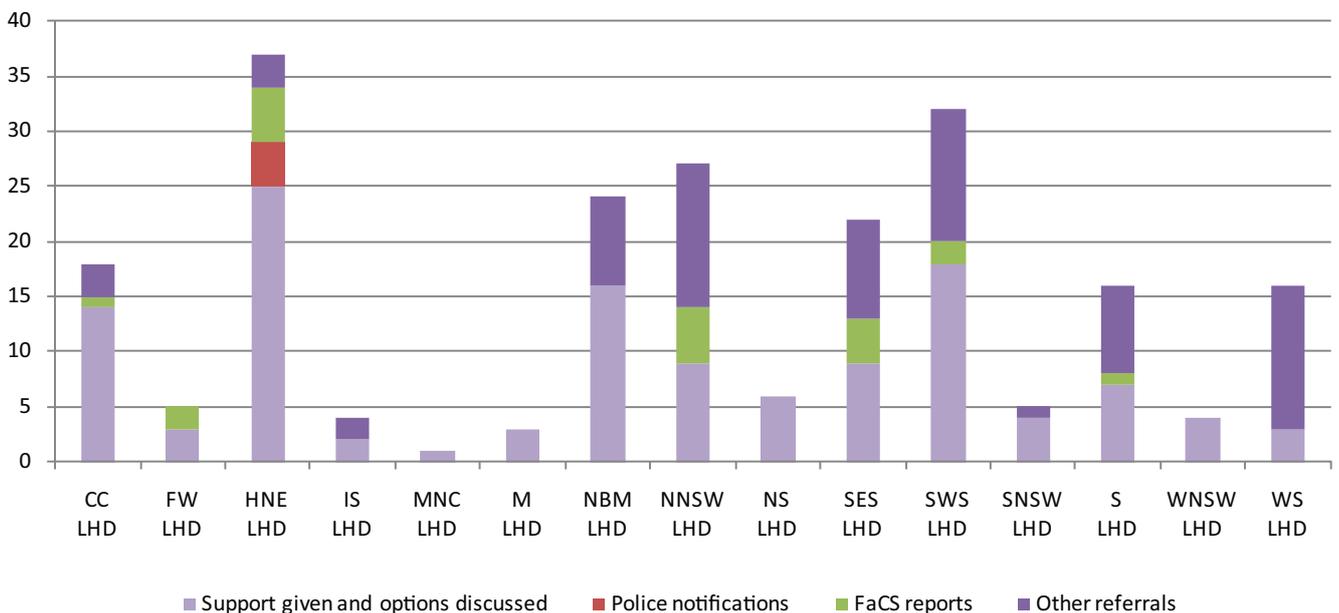
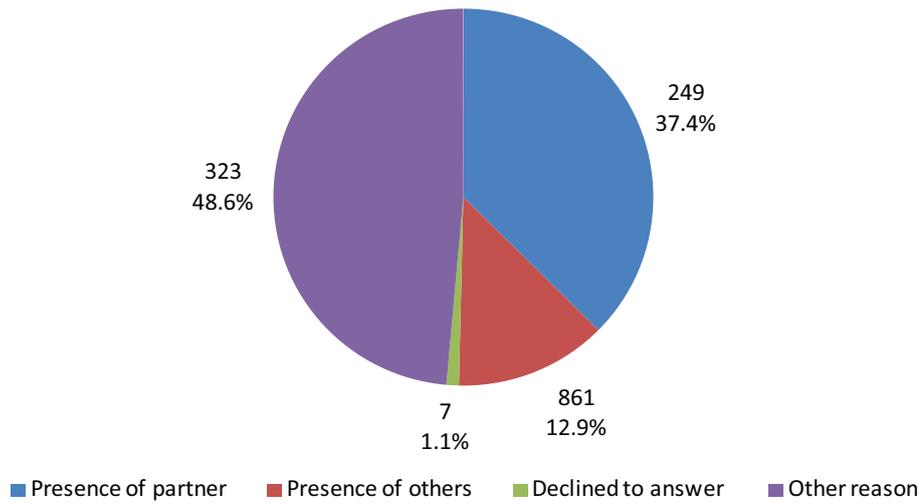


Figure 10: Reasons provided for not screening in antenatal services in 2011



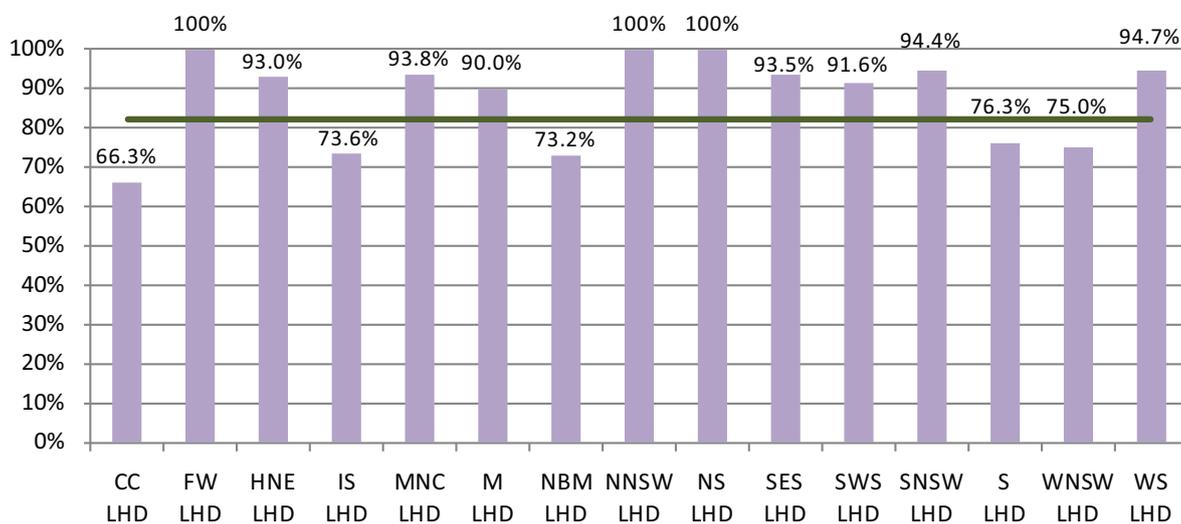
### 2.2.2 Alcohol and Other Drugs Services

Alcohol and other drugs services in all Local Health Districts screen for domestic violence.

Of the 1,013 women attending these services, 832 (82.1%) were screened. Screening rates varied from 100% in Far West LHD, Northern NSW LHD and Northern Sydney LHD to 66.3% in Central Coast LHD as shown in Figure 11.

Of all women screened in the alcohol and other drugs program, 21.9% (182) identified as having experienced domestic violence in the previous 12 months.

Figure 11: Percentage of eligible women screened in alcohol and other drugs services in 2011 by Local Health District



Identification rates varied across Local Health Districts from 41.4% in South Eastern Sydney LHD to nil in Far West LHD as shown in Figure 12.

24 (13.2%) screened women who were identified as having experienced domestic violence accepted an offer of assistance.

'Actions taken' shown in Figure 13 comprised:

- 165 support given and options discussed
- 5 reports to Community Services
- 4 notifications to Police
- 46 other referrals

The presence of another person at screening accounted for 15 occasions (16.0%) of 'reasons for not screening' as shown in Figure 14. 'Reasons for not screening' comprised:

- Nine (9.6%) presence of partner
- Six (6.4%) presence of others
- 68 (72.3%) other reason (not cited)
- 11 (11.7%) declined to answer

Figure 12: Percentage of women where domestic violence was identified in alcohol and other drugs services in 2011 by Local Health District

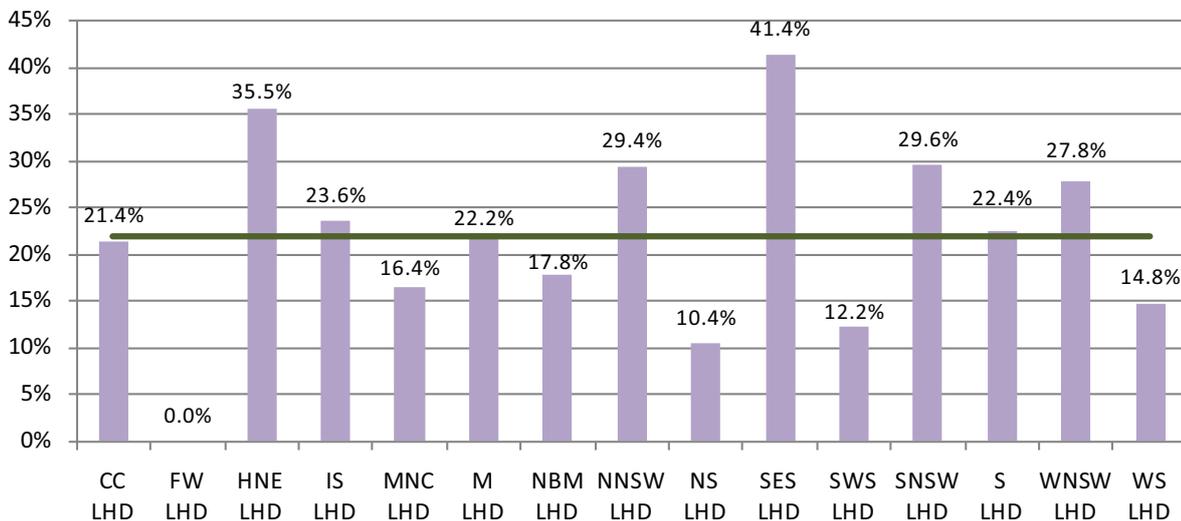


Figure 13: Number of actions taken in alcohol and other drugs services in 2011 by Local Health District

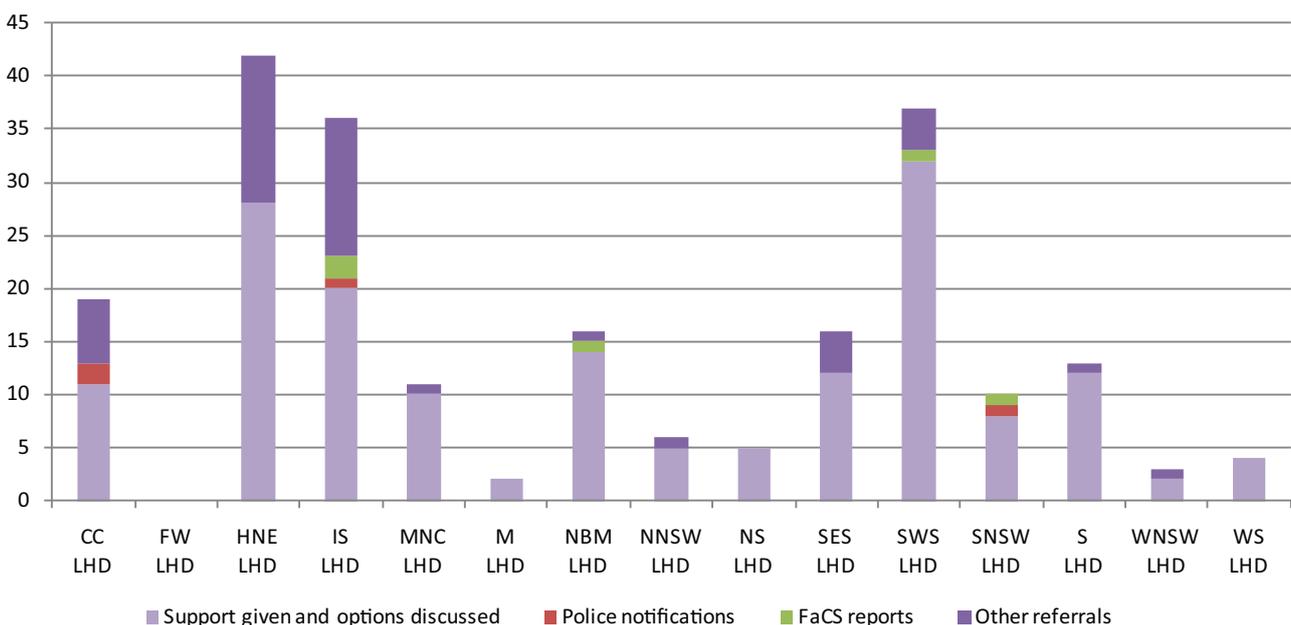
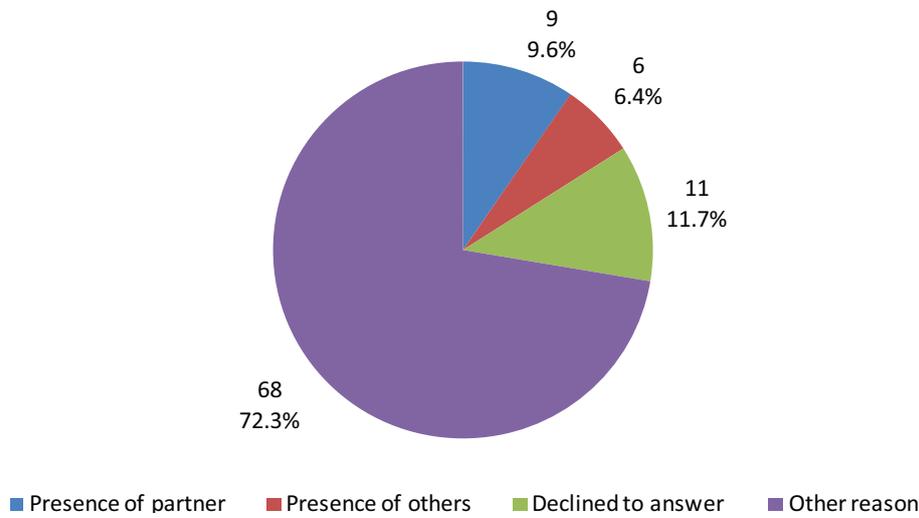


Figure 14: Reasons for not screening in alcohol and other drugs services in 2011



### 2.2.3 Early Childhood Health Services

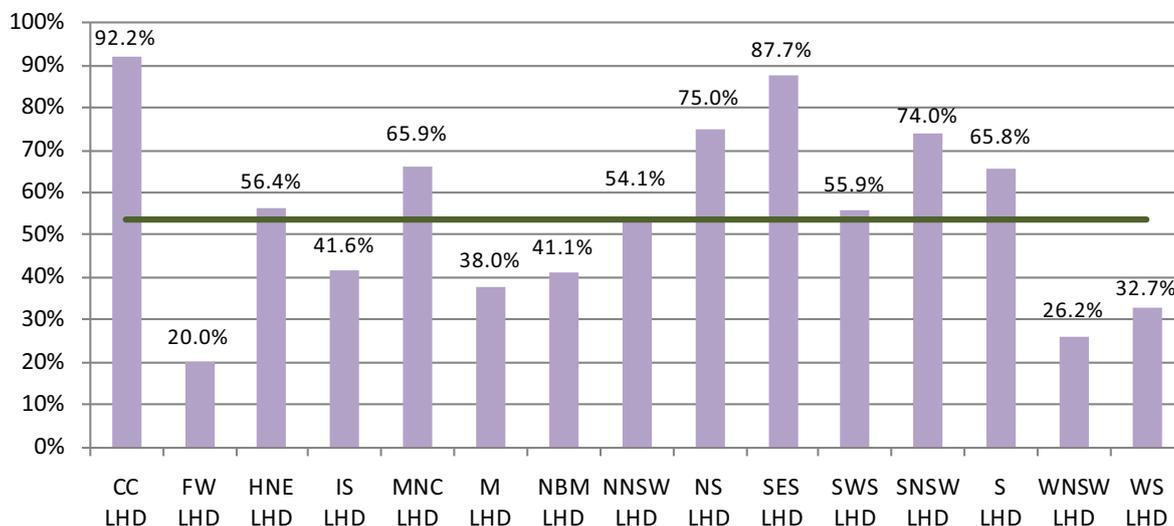
All early childhood health services in Local Health Districts screen for domestic violence.

10,503 eligible women attended early childhood services. 5,617 (53.5%) of these women were screened.

The screening rate varied from 92.2% in Central Coast LHD to 20.0% in Far West LHD as shown in Figure 15.

Of eligible women screened 3.0% (171) were identified as having experienced domestic violence in the previous 12 months.

Figure 15: Percentage of eligible women screened in early childhood health services in 2011 by Local Health District



Identification rates varied across Local Health Districts from 15.5% in Central Coast LHD to nil in Far West LHD and Nepean Blue Mountains LHD as shown in Figure 16.

35 women who were identified as having experienced domestic violence accepted an offer of assistance.

'Actions taken' as shown in Figure 17 comprised:

- 42 support given and options discussed
- 25 reports to Community Services
- 12 notifications to Police
- 45 other referrals

The presence of another person at screening accounted for 3,443 (84.4%) of 'reasons for not screening' as shown in Figure 18. 'Reasons for not screening' comprised:

- 1,873 (45.9%) presence of partner
- 1,570 (38.5%) presence of others
- 603 (14.8%) other reason (not cited)
- 31 (0.8%) declined to answer

Figure 16: Percentage of women where domestic violence was identified violence in early childhood services in 2011 by Local Health District

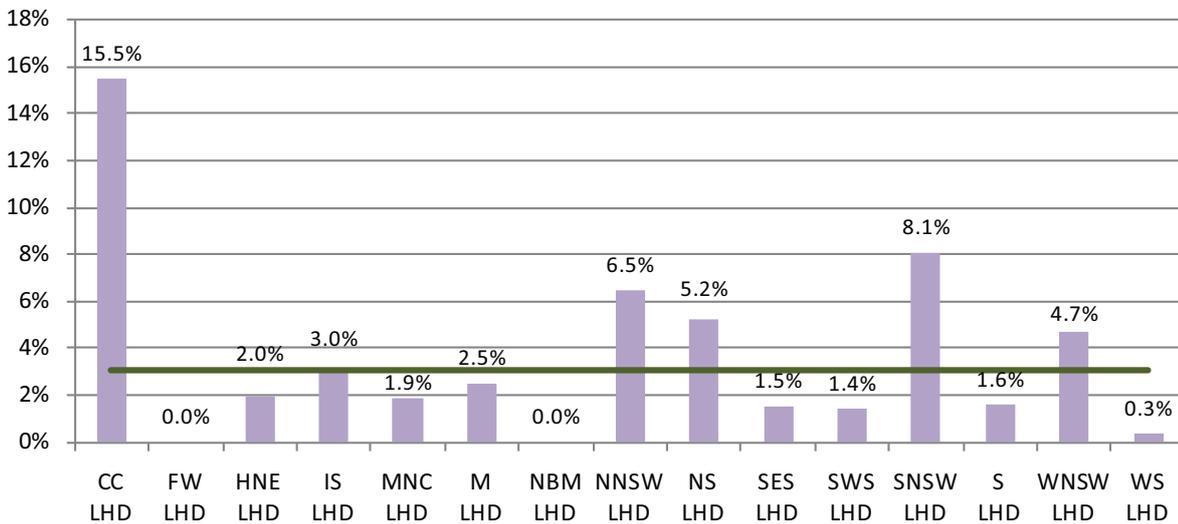


Figure 17: Number of actions taken in early childhood health services in 2011 by Local Health District

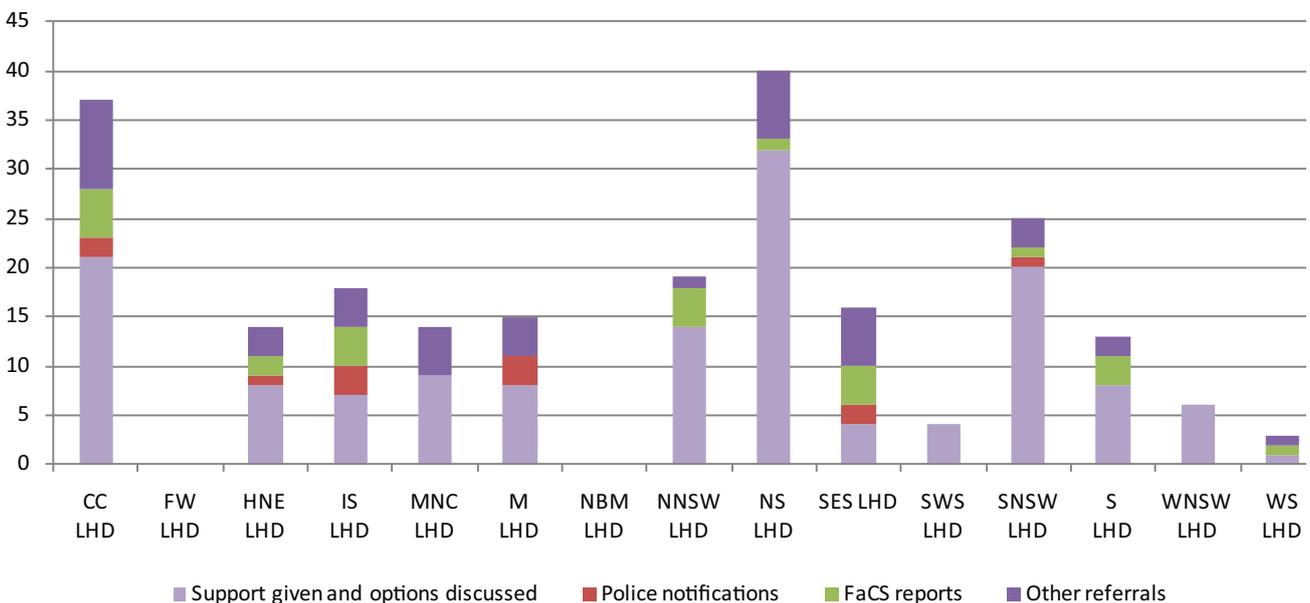
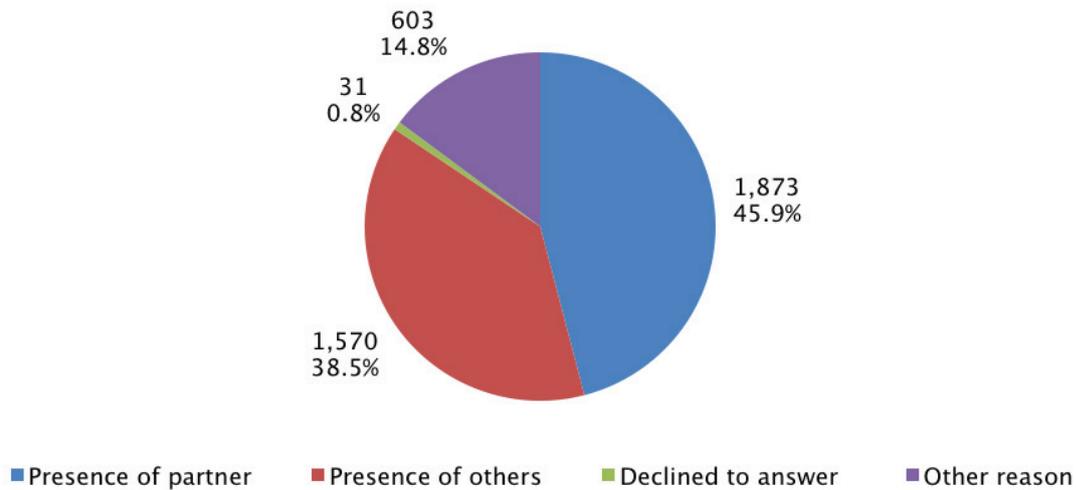


Figure 18: Reasons for not screening early childhood health services 2011

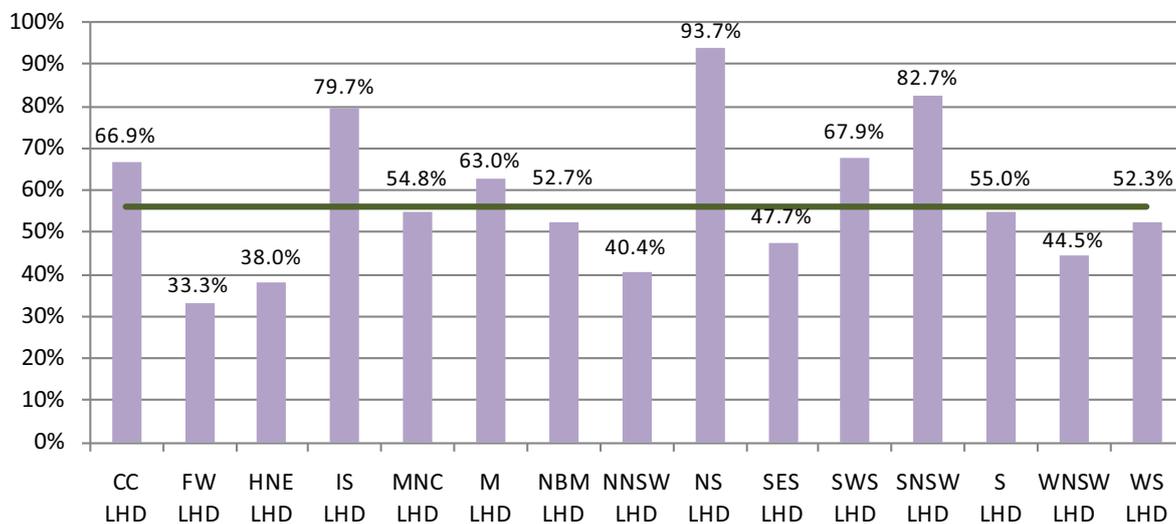


### 2.2.4 Mental Health Services

Mental health services in all Local Health Districts screen for domestic violence.

2,795 women attending these services were eligible for screening. Of these 1,564 (56.0%) were screened. Screening rates range from 93.7% in Northern Sydney LHD to 33.3% in Far West LHD as shown in Figure 19.

Figure 19: Percentage of eligible women screened in mental health services in 2011 by Local Health District



342 (21.9%) women screened in mental health services identified as having experienced domestic violence in the previous 12 months.

The percentages of women screened who identified as having experienced domestic violence varied across Local Health Districts from 59.4% in Sydney South West LHD to nil in Far West LHD as shown in Figure 20.

88 (25.7%) women who identified as having experienced domestic violence accepted an offer of assistance.

'Actions taken' as shown in Figure 21 comprised:

- 199 support given and options discussed
- 37 reports to Community Services
- 32 notifications to Police
- 70 other referrals

The presence of another person at screening accounted for 98 (9.0%) of 'reasons for not screening' as shown in Figure 22. 'Reasons for not screening' included:

- 64 (5.9%) presence of partner
- 34 (3.1%) presence of others
- 940 (86.5%) other reason (not cited)
- 49 (4.5%) declined to answer

Figure 20: Percentage of women where domestic violence was identified mental health services in 2011 by Local Health District

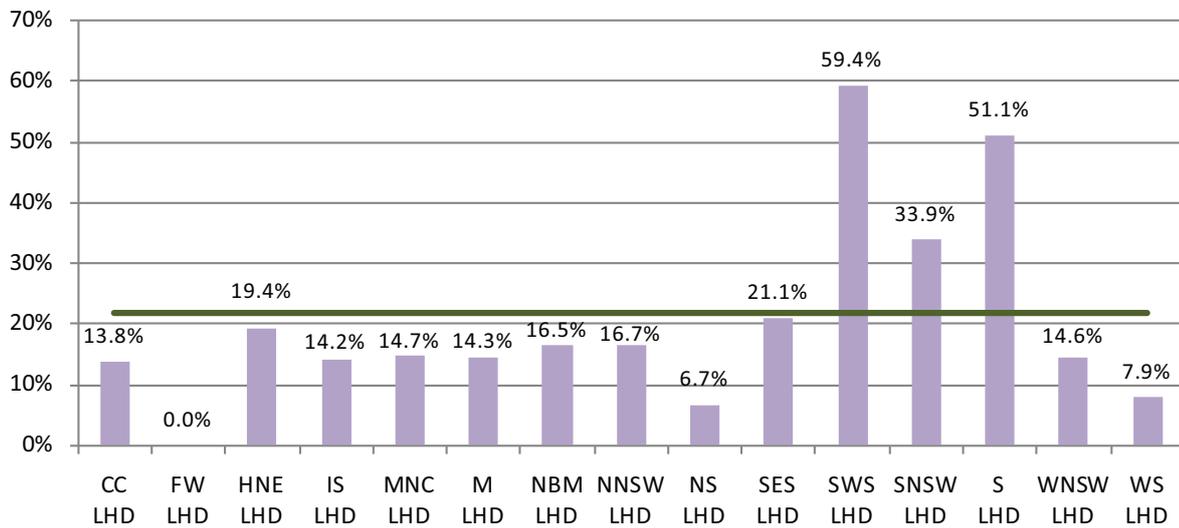


Figure 21: Number of actions taken in mental health services in 2011 by Local Health District

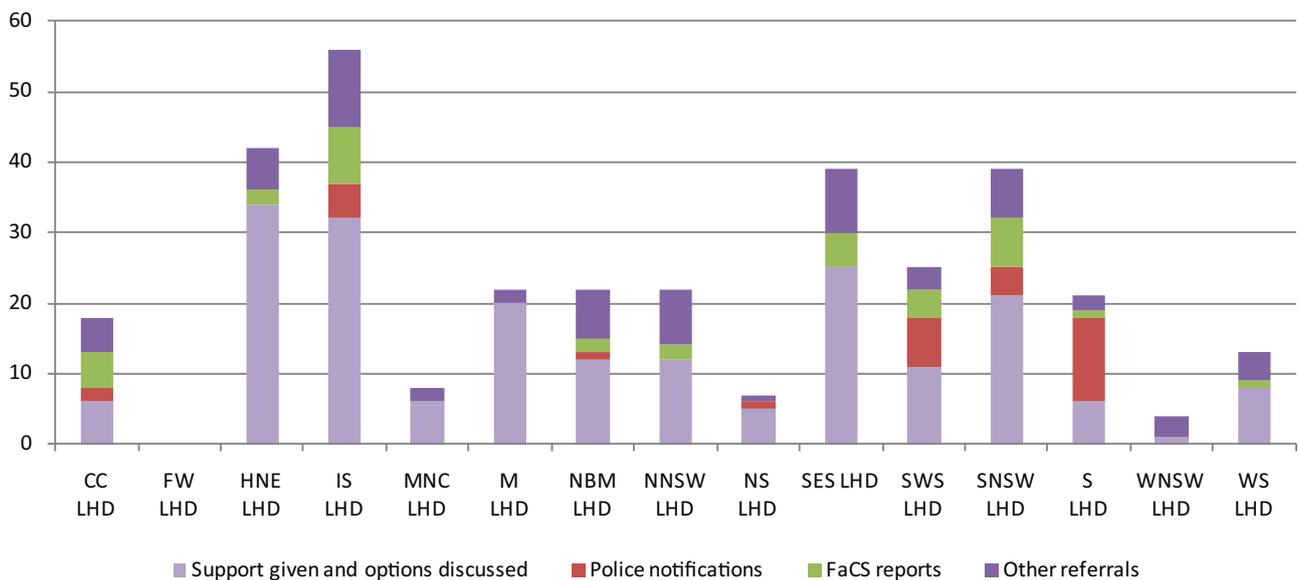
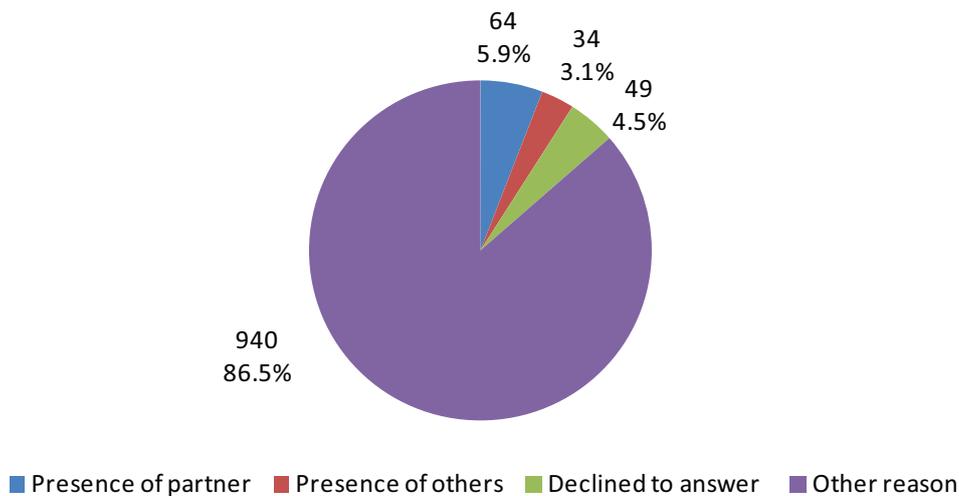


Figure 22: Reasons for not screening in mental health services 2011



### 2.3 Results in additional programs

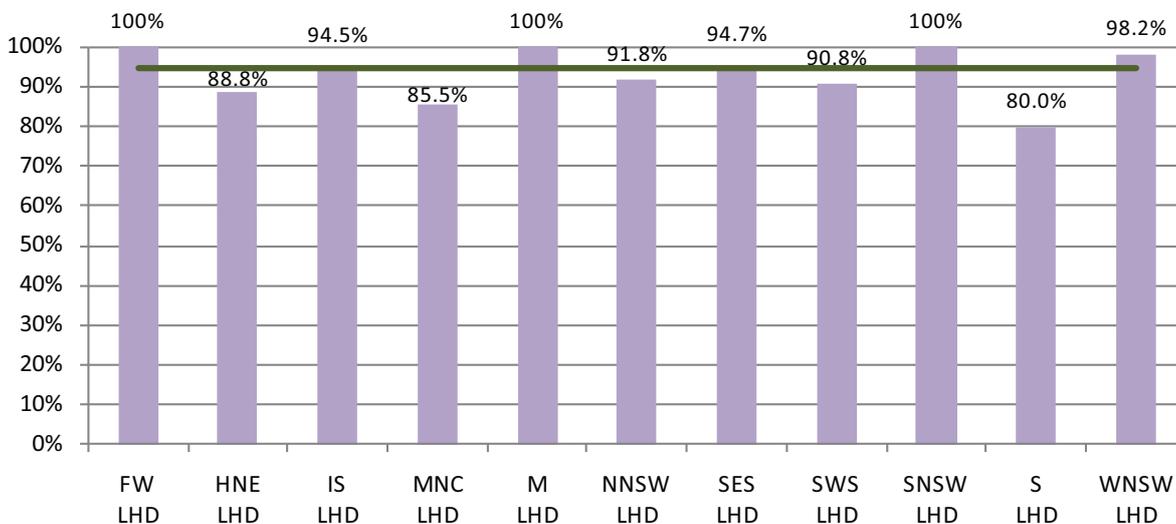
Many Local Health Districts have elected to introduce screening into other service streams.

1,110 eligible women attended women’s health nursing services. Of these eligible women, 1048 (94.4%) were screened. Screening rates varied from 100% in Far West LHD, Murrumbidgee LHD and Southern NSW LHD to 80.0% in Sydney as in Figure 23.

#### 2.3.1 Womans health nursing services

Eleven Local Health Districts have implemented screening in women’s health nursing services and participated in the 2011 snapshot.

Figure 23: Percentage of eligible women screened in women’s health nursing services in 2011 by Local Health District



27 (2.6%) women were identified as having experienced domestic violence in the previous 12 months. Identification rates varied from 15.3% in South Western Sydney LHD to nil in Far West LHD, Hunter New England LHD, Murrumbidgee LHD and Sydney LHD.

Four (14.8%) women where domestic violence was identified accepted assistance.

'Actions taken' comprised:

- 30 support given and options discussed
- Five other referrals

### 2.3.2 Sexual Assault Services

South Eastern Sydney LHD undertakes screening in adult sexual assault services.

Seven eligible women attended these services, of which three (42.9%) were screened.

One (33.3%) woman screened identified as having experienced domestic violence in the previous 12 months.

One instance was recorded of support given and options discussed; one notification to Police; and three referrals to another service were made.

### 2.3.3 Sexual Health Services

South Eastern Sydney LHD conducted screening of female clients in sexual health services.

190 eligible women attended this service, of which 185 (97.4%) were screened.

Seven (3.8%) women screened were identified as having experienced domestic violence in the previous 12 months.

No further actions were recorded.

### 2.3.4. Counselling

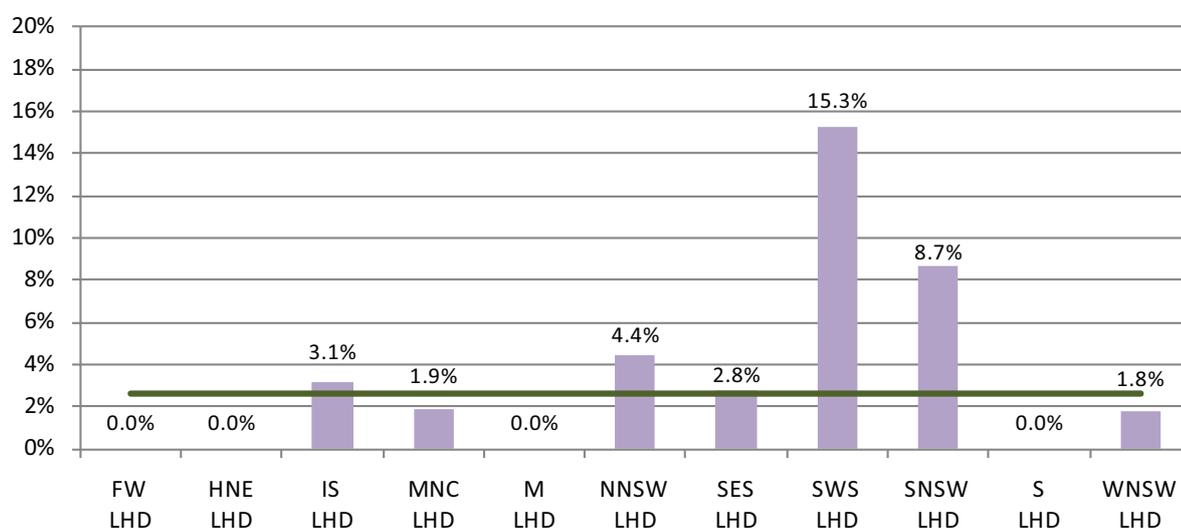
South Western Sydney LHD and Sydney LHD conduct screening of female clients in counselling services.

106 eligible women attended these services, of which 55 (51.9%) were screened.

Six (10.9%) women screened were identified as having experienced domestic violence in the previous 12 months.

Eight instances of support given and options discussed were recorded and one referral to another service was made.

Figure 24: Percentage of women where domestic violence was identified in women's health nursing services in 2011 by Local Health District.



# 2003 - 2011 November Data Snapshots

## Key Statistics

Year	Eligible women attending services	Number Screened	% Eligible women screened	Number Identified domestic violence	% Identified of those screened	Women unsafe to go home	% Unsafe to go home	Number Accepted offer of assistance	% Accepted offer of assistance
2003	5,800	4,036	69.6%	283	7.0%	Not asked	NA	115	40.6%
2004	10,343	7,774	75.2%	504	6.5%	94	18.7%	358	71.0%
2005	16,290	10,090	61.9%	736	7.3%	217	29.5%	166	22.6%
2006	17,456	11,581	66.3%	695	6.0%	229	32.9%	180	25.9%
2007	17,332	11,702	67.5%	659	5.6%	367	55.7%	207	31.4%
2008	19,749	12,536	63.5%	734	5.9%	383	52.2%	176	24.0%
2009	21,216	14,471	68.2%	838	5.8%	468	55.8%	274	32.7%
2010	22,739	14,285	62.8%	760	5.3%	336	44.2%	203	26.7%
2011	22,188	15,078	68.0%	924	6.1%	397	43.0%	182	19.7%

## Action taken

Year	Number of Police notifications	Number of Community Services reports	Number of other Referrals	Referrals inside health	Referrals outside health
2003	5	23	99	Not asked	Not asked
2004	22	60	176	136	125
2005	27	144	210	140	50
2006	44	163	251	134	57
2007	26	146	202	160	71
2008	53	126	210	145	61
2009	35	114	224	201	115
2010	31	85	268	162	66
2011	53	87	242	219	109

## Reasons screening not completed <sup>8</sup>

Year	Presence of partner	Presence of others	Declined to answer questions	Other reason
2003	54%	38%	2%	6%
2004	32%	27%	1%	19%
2005	27%	21%	1%	11%
2006	34%	29%	2%	25%
2007	41%	29%	7%	23%
2008	39%	36%	3%	21%
2009	40%	28%	2%	31%
2010	38%	25%	2%	35%
2011	37%	28%	2%	33%

<sup>8</sup> Calculations on 'reasons for not screening' are based on the actual reasons provided by the AHS or LHD for not screening. There are a significant number of instances where no reason is provided. In addition, there are often more reasons given for not screening than women who were actually not screened, which indicates that staff may be recording multiple reasons for not screening.

# Screening Form

**NSW HEALTH SCREENING FOR DOMESTIC VIOLENCE**

**Health Worker to complete this form.**

Medical Record Number  Date  /  /

**Explain:**

- In this Health Service we ask all women the same questions about violence at home.
- This is because violence in the home is very common and can be serious and we want to improve our response to women experiencing domestic violence.
- You don't have to answer the questions if you don't want to.
- What you say will remain confidential to the Health Service except where you give us information that indicates there are serious safety concerns for you or your children.

**Ask:**

Q1. Within the last year have you been hit, slapped or hurt in other ways by your partner or ex-partner?  YES  NO

Q2. Are you frightened of your partner or ex-partner?  YES  NO

If the woman answers NO to both questions, give the information card to her and say:  
**Here is some information that we are giving to all women about domestic violence.**

If the woman answers YES to either or both of the above questions continue to question 3 and 4.

Q3. Are you safe to go home when you leave here?  YES  NO

Q4. Would you like some assistance with this?  YES  NO

Consider safety concerns raised in answers to questions.

**Complete:**

<p><b>Action taken</b></p> <p><input type="checkbox"/> Domestic violence identified, information given</p> <p><input type="checkbox"/> Domestic violence identified, information declined</p> <p><input type="checkbox"/> Domestic violence not identified, information given</p> <p><input type="checkbox"/> Domestic violence not identified, information declined</p> <p><input type="checkbox"/> Support given and options discussed</p> <p><input type="checkbox"/> Reported to DoCS</p> <p><input type="checkbox"/> Police notified</p> <p><input type="checkbox"/> Referral made to _____</p> <p><input type="checkbox"/> Other action taken _____</p> <p><input type="checkbox"/> Other violence/abuse disclosed _____</p> <p>_____</p>	<p><b>Screening was not completed due to</b></p> <p><input type="checkbox"/> Presence of partner</p> <p><input type="checkbox"/> Presence of other family members</p> <p><input type="checkbox"/> Woman declined to answer the questions</p> <p><input type="checkbox"/> Other reason (specify) _____</p> <p>_____</p> <p>_____</p> <p>Signature of Staff <input type="text"/></p> <p>Name <input type="text"/></p> <p>Designation <input type="text"/></p>
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# Data Collection Form 2011

Local Health District: \_\_\_\_\_

Program: \_\_\_\_\_

Facility: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Screening: \_\_\_\_\_ Action Taken: \_\_\_\_\_ Screening not completed due to: \_\_\_\_\_

1	Number- eligible women who presented to the facility
2	Number- women screened
3	Number- DV Identified - ie answered yes to Q1 and/or Q2
4	Number- answered no to Q3
5	Number- answered yes to Q4
6	Number- Support given and options discussed
7	Number- Police notifications
8	Number- Community Services reports
9	Number- other referrals**
10	Number- presence of partner
11	Number- presence of others
12	Number- declined to answer question
13	Number- other reason

Within health services		Outside health services	
Service referred to:	Number	Service referred to:	Number

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\* Other Referrals – when domestic violence is identified only

# Routine Screening for Domestic Violence Guidelines for Data Collection Snapshot 9: 1 - 30 November 2011

## **Re: All services and facilities conducting routine screening for domestic violence**

The *NSW Health Policy and Procedures for Identifying and Responding to Domestic Violence* (2003, revised 2006) requires routine screening of eligible women for domestic violence in the program streams antenatal, early childhood health, mental health, and alcohol and other drugs services using the screening format provided by the Department. Other services in addition to the four target program areas may also screen.

The Policy identifies the need for Local Health Districts to participate in data collection processes, which document the level and some outcomes of screening. To make this process as straightforward as possible, the data collection takes the form of an annual snapshot over a one-month period in each service / facility that has commenced screening. The 2011 snapshot will occur from 1 - 30 November 2011 inclusive.

Each screening facility is asked to complete the attached data collection proforma and submit to the nominated contact person in the Local Health District for collating into program areas and sign-off. Collated data is to be forwarded to the Department by 6 March 2012.

For further information or an electronic format (Excel), please contact Gwen Cosier, Senior Policy Officer, NSW Department of Health on 9391 9884 or [gwen.cosier@doh.health.nsw.gov.au](mailto:gwen.cosier@doh.health.nsw.gov.au)

### **Explanatory Notes for completing data snapshot, November 2011 proforma:**

1. Facilities will need to develop their own data gathering strategy eg concurrent data collection, file audit, CHIME.
2. Whole numbers only are required.
3. 'Program' refers to the broad program area. Local Health Districts should complete a collated form for each program. Please ensure the program areas are clearly and separately defined ie the screening target programs of Early Childhood Health (the service provided by Child and Family Health Nurses), Alcohol and Other Drugs, Mental Health, and Antenatal Services. If additional program areas are screening, eg within community health or hospital services, please note the program area of these other services.
4. 'Facility' refers to the specific service or site eg X Antenatal Clinic, Y Community Mental Health Centre.
5. Please note a contact person for the screening facility, with contact details, for checking of any information if required.
6. Column 1 is the total number of 'eligible women' who presented during 1-30 November inclusive. Eligible women, means all women attending antenatal and early childhood services, and women aged 16 and over attending mental health, alcohol and other drugs, or other services. It is understood services may count 'eligible women' differently, eg new clients only.
7. Column 2 is total number of all eligible women for whom the screening form was completed.
8. Column 3 is the total number of women who answered "yes" to question 1 and/or question 2.
9. Column 4 is the total number of women who answered "no" to question 3.
10. Column 5 is the total number of women who answered "yes" to question 4.
11. Action Taken, columns 4-9, is only to be completed where domestic violence is identified in questions 1 and /or 2.
12. Column 6 is the total number of women who identified domestic violence by answering, "yes" to questions 1 and/or 2, and who received support and/or with whom any options were discussed. This includes receiving the domestic violence z-card or any other written or verbal information. It also includes women for whom no further action was taken.
13. The 'Action taken' section, asks for total numbers of Police notifications (Column 7), total numbers of Department of Community Services reports

- (Column 8), and total numbers of referrals to any service (column 9). Count all such actions taken. Individual women may be the subject of more than one of these actions, therefore need to be counted in each category. Only include women for whom domestic violence was identified through screening. Do not include referrals made where domestic violence was not identified.
14. The 'Screening not completed due to': section asks the reasons why screening may not have been completed. This refers to eligible women for whom screening was not commenced, as well as circumstance in which the screening process was not completed. Numbers are requested for screening not completed due to: 'presence of partner' (Column 10), 'presence of others' (Column 11), declined to answer question (Column 12). 'Other reason' (Column 13) could cover a range of possibilities eg lack of private space, interruption, domestic violence already identified therefore screening was not necessary etc. The 'other reasons' are to be statistically collated and do not need to be specified on the form, however may be stated in 'Comments'. If screening is not completed, please provide ONE main reason only for each woman, not multiple reasons.
  15. As a double check, please note that the total for Columns 10-13 should equal the difference between columns 1 and 2.
  16. The 'Other Referrals' section at the bottom of the form asks for more detailed information regarding all 'other referrals' and whether these are within the public health system such as to an antenatal social work service, or to outside services eg Domestic Violence Court Advocacy Schemes, Police Domestic Violence Liaison Officer. Please note the total numbers of referrals. Individual women may be referred to more than one service, and thus counted more than once. Only complete this when domestic violence was identified through screening, not when referral was made for clients for other reasons.
  17. The 'Comments' section allows for any comments a service may wish to make. Please attach another sheet if space is insufficient.
  18. If multiple attempts were made to screen an individual woman, please include the last attempt made within the November timeframe only.

# Local Health District Abbreviations

Name	Abbreviation
CC LHD	Central Coast Local Health District
FW LHD	Far West Local Health District
HNE LHD	Hunter New England Local Health District
IS LHD	Illawarra Shoalhaven Local Health District
MNC LHD	Mid North Coast Local Health District
M LHD	Murrumbidgee Local Health District
NBM LHD	Nepean Blue Mountains Local Health District
NNSW LHD	Northern NSW Local Health District
NS LHD	Northern Sydney Local Health District
SES LHD	South Eastern Sydney Local Health District
SWS LHD	South Western Sydney Local Health District
SNSW LHD	Southern NSW Local Health District
S LHD	Sydney Local Health District
WNSW LHD	Western NSW Local Health District
WS LHD	Western Sydney Local Health District

# Glossary

Phrase	Definition
Accepted offer of assistance	Measure of the number women accepting assistance as a proportion of screened women who were identified as experiencing domestic violence in the previous 12 months and/or who were identified as 'unsafe to go home'.
Action taken	<p>Measures responses to women who were screened</p> <p>Includes support given and options discussed, Police notifications, Department of Community Services (now Community Services) reports, and other referrals</p> <p>Individual women may be in more than one category and therefore counted more than once.</p> <p>Action taken is only to be completed when domestic violence was identified, not for other reasons</p>
Additional programs	Includes sexual assault services, sexual health services and youth health services
Area Health Service (AHS)	<p>Area Health Services were established as distinct corporate entities under the Health Services Act 1997 with responsibility for providing health services in a wide range of settings, from primary care posts in the remote outback to metropolitan tertiary health centres. AHSs were replaced by Local Health Districts in 2011.</p> <p>The eight Area Health Services included:</p> <ul style="list-style-type: none"> <li>• Greater Southern</li> <li>• Greater Western</li> <li>• Hunter New England</li> <li>• North Coast</li> <li>• Northern Sydney Central Coast</li> <li>• South Eastern Sydney Illawarra</li> <li>• Sydney South West</li> <li>• Sydney West</li> </ul>
Domestic violence	<p>NSW Health definition:</p> <p>"Violent, abusive or intimidating behaviour carried out by an adult against a partner or former partner to control and dominate that person. Domestic violence causes fear, physical and/or psychological harm. It is most often violent, abusive or intimidating behaviour by a man against a woman. Living with domestic violence has a profound effect upon children and young people and constitutes a form of child abuse."</p>
Local Health District (LHD)	<p>Local Health Districts were established in January 2011 and are a key requirement of the National Health Reform Agreement.</p> <p>Eight Local Health Districts cover the Sydney metropolitan region and seven cover rural and regional New South Wales.</p> <p>These are:</p> <p>Metropolitan NSW</p> <ul style="list-style-type: none"> <li>• Central Coast</li> <li>• Illawarra Shoalhaven</li> <li>• Nepean Blue Mountains</li> <li>• Northern Sydney</li> <li>• South Eastern Sydney</li> <li>• South Western Sydney</li> <li>• Sydney</li> <li>• Western Sydney</li> </ul> <p>Rural &amp; Regional NSW</p> <ul style="list-style-type: none"> <li>• Far West</li> <li>• Hunter New England</li> <li>• Mid North Coast</li> <li>• Murrumbidgee</li> <li>• Northern NSW</li> <li>• Southern NSW</li> <li>• Western NSW</li> </ul>
Ministry	NSW Ministry of Health

Phrase	Definition
Other Referrals	<p>Asks for more detailed information regarding all 'other referrals' and whether these are within the public health system e.g. to an antenatal social work service, or to outside services e.g. Domestic Violence Court Assistance Scheme</p> <p>Individual women may be referred to more than one service, and thus counted more than once</p> <p>Other Referrals is only to be completed when domestic violence was identified, not for other reasons</p>
Routine screening	Conducted for all women attending antenatal and early childhood health services, and women aged 16 years and over who attend mental health and alcohol and other drugs services are screened as part of routine assessment.
Safe to go home	Measure of immediate risk in screened women who were identified as experiencing domestic violence in the previous 12 months.
Screening not completed	Refers to women for whom screening was not commenced, as well as circumstance in which screening was not completed
Screening tool	Contains key background information for women to assist them to make an informed decision about participating in the screening, including information on the health impacts of domestic violence, assurances relating to the standard questions asked of all women and the limits of confidentiality. If domestic violence is identified through asking two direct questions, two further questions are asked, one to ascertain safety and the other offering assistance.

