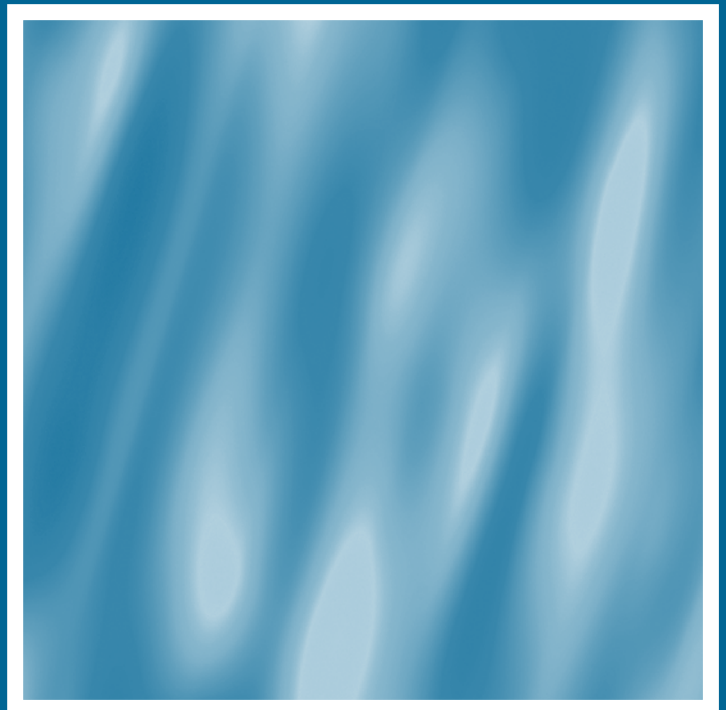


Routine Screening for Domestic Violence Program

Snapshot Report 3, November 2005
Snapshot Report 4, November 2006



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SECTION 1

Introduction

Domestic violence is an important public health issue that has a significant impact on the physical, psychological and social health of many women and children in New South Wales. In response to this issue, Area Health Services have since 2001 undertaken routine screening of female clients for domestic violence as an early intervention and prevention strategy.

The NSW Health *Policy and Procedures for Identifying and Responding to Domestic Violence* (2003) formalised this strategy. 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.

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 screening tool is based on this definition.

The screening tool 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. If domestic violence is identified through asking two direct questions, two further questions are asked, one to ascertain safety and the other offering assistance (see Appendix 2 for screening form).

This report documents two one-month data snapshots of routine screening that were conducted in the eight Area Health Services across New South Wales in November 2005 and November 2006. Two previous snapshots were conducted in the same month in 2003 and 2004 using the same methodology.

The profile of screening presented by the snapshots provides the NSW Department of Health, Area Health Services and individual participating services with valuable information for monitoring the strategy's implementation and informing service development.

A comparison of the information compiled in 2005 and 2006 with the results of the previous snapshots provides a useful point of reference for reviewing progress in achieving desired program objectives and in facilitating a range of early and appropriate interventions for women who experience domestic violence.

The report shows that a significant number of women in New South Wales who are patients or clients of public health services are living with domestic violence.

SECTION 2

Snapshot methodology

Information was collected from each targeted program facility that was screening women for domestic violence in November 2005 and November 2006. Data from the screening forms were collected and collated according to program and Area Health Service.

Facilities were asked to compile data relating to the eligible patients who presented in the survey period. The data obtained included the number of eligible women attending the services, the number screened, responses to the questions and key actions taken, including reports to the NSW Department of Community Services (DoCS) and notifications to Police. Information on other referrals was also requested including whether the referral was made to a health service or a service outside health (See Appendix 3 for data collection forms and Appendix 4 for guidelines for data collection).

SECTION 2

Snapshot report 3: November 2005

3.1 Key findings

The key findings as at November 2005 are:

- 10,090 (62%) of the 16,290 women who attended the participating services were screened.
- This represents a 29% increase in the number screened but a reduction from the 2004 screening rate of 75%.
- All of the Area Health Services have introduced screening in the target program areas of antenatal, early childhood health, mental health and alcohol and other drugs services.
- 736 (7.3%) of the women screened had experienced domestic violence in the previous 12 months, according to the screening questions.
- The rate of identification of domestic violence at 7.3% is higher than 2004 (6.5%), and consistent with 7% in 2003.
- The percentage of women accepting the offer of assistance, 22.6%, decreased significantly from 71% in 2004.
- The number of Police notifications was 27 (3.7%) of those identified, consistent with 4% in 2004.
- The percentage of child at risk of harm reports to the Department of Community Services (DoCS) significantly increased from 12% in 2004 to 20% in 2005.
- The number of referrals to other services decreased significantly from 49% in 2004 to 28.6% in 2005.
- The presence of partners (27%) and presence of others (21%) were recorded as main reasons for not screening. For 39.8%, 'other reason' was noted.

Overall results

4.1 Extent of screening in November 2005

- Screening was implemented in the eight Area Health Services in all or most of the target programs.
- Some clusters in Greater Western and Sydney South West had not commenced screening.
- Data was not provided from some services in Greater Western that were screening.
- There were data extraction issues in some drug and alcohol and community health services in Greater Western and incomplete data provided by some mental health services in North Sydney / Central Coast. As data from these services was incomplete, it was not used in this report.

4.2 Screening rate

- A total of 16,290 women were counted as eligible clients/patients by all services participating in the screening snapshot. This is a significant increase of 57.5% from 2004, when 10,343 women attended these services. This indicates an increase in the number of services conducting screening, particularly in early childhood health and mental health services.
- Early childhood health saw the highest number of women (5,744), followed by antenatal services (4,679), mental health (1,577) and alcohol and other drugs (906). The total number of women attending additional programs was 2,933 and 451 attended women's health nursing services.¹
- Of the 16,290 women attending these services, 10,090 women were screened. The number screened is a 29.8% increase from that in 2004, giving a screening rate of 62%, a decrease from 70% in 2004 (see Figure 2).

Figure 1: Screening in Area Health Services

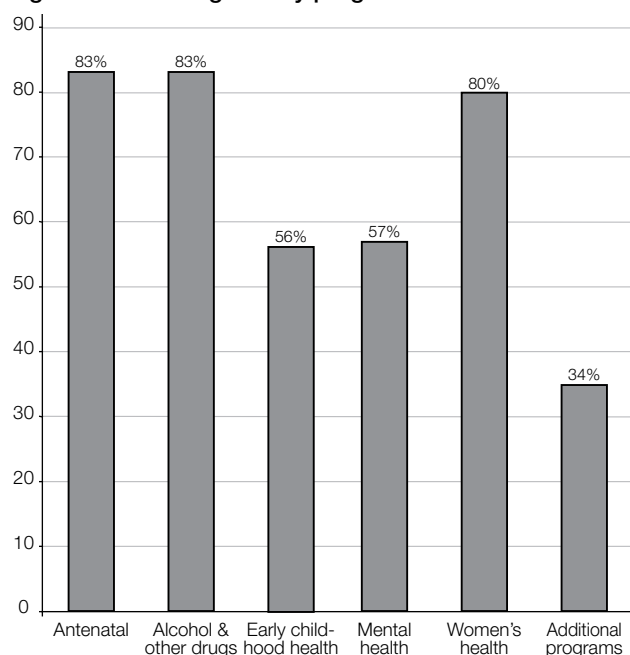
Area Health Service	antenatal	early childhood health	mental health	alcohol and other drugs	women's health nursing	additional programs
Greater Southern (GS)	✓	✓	✓	✓	✓	✓
Greater Western (GW)	✓	✓	*	✓	✓	
Hunter / New England (HNE)	✓	✓	✓	✓	✓	
North Coast (NC)	✓	✓	✓	✓	✓	
Northern Sydney / Central Coast (NSCC)	✓	✓	✓	✓		✓
South Eastern Sydney / Illawarra (SESI)	✓	✓	✓	✓	✓	✓
Sydney South West (SSW)	✓	✓	✓	✓		
Sydney West (SW)	✓	✓**	✓	✓		✓

* Incomplete data provided, unable to be included

** Data for ECH is included in additional programs

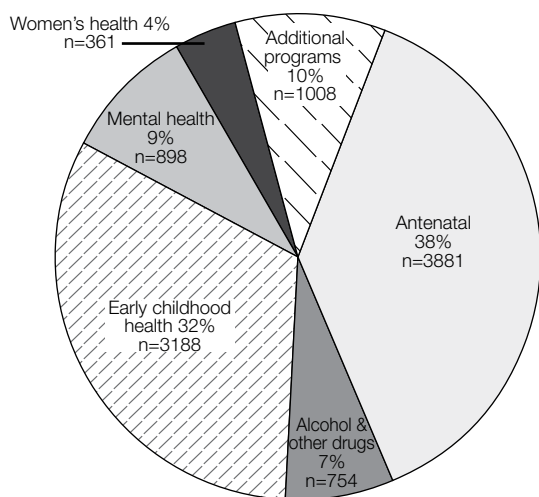
1. Sydney West Area Health Service provided combined data for a range of community health services including Early Childhood Health. As the data were unable to be separated, all data has been included in Additional Programs.

Figure 2: Screening rate by program



- Antenatal and early childhood health services are the programs where most screening occurred in 2005, comprising 38.5% and 31.5% respectively of all women screened. Mental health services account for 8.9% of the screening and alcohol and other drugs for 7.5% (see Figure 3).

Figure 3: Percentage of women screened by program



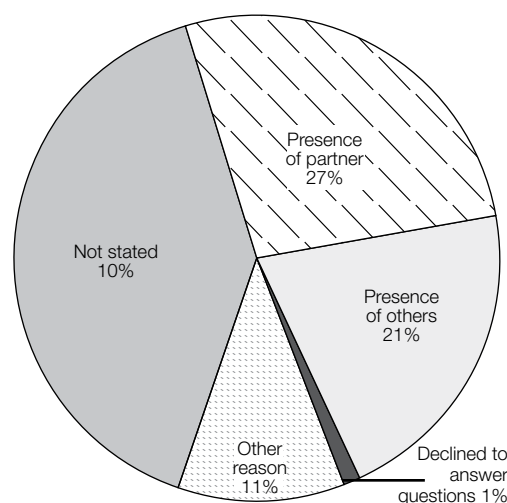
4.3 Reasons screening not completed

- The most frequently given reasons for not screening were the presence of partner (27%) or others (21%) (see Figure 4).
- For 40% of women not screened, no reason was provided.
- One percent of women declined to answer the question, as in 2004.
- 11% of women were not screened for other reasons. Information provided in the 'comments' section

provided some other reasons for not screening including: no current relationship, no interpreter available, woman too unwell, no time available in consultation and domestic violence already identified. One specialised metropolitan postnatal social work service deals with referrals from early childhood health and noted domestic violence as a major reason for referral. 28 of the 95 women were referred for this reason alone in the snapshot period and were therefore not screened by this service.

- Incompleteness of the data reflected by the high percentage in 'not stated' may not accurately reflect the reasons for not completing screening.

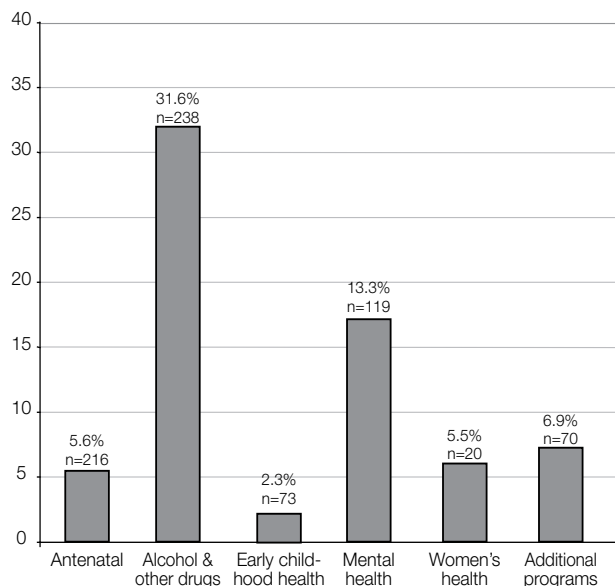
Figure 4: Reasons for not completing screening



4.4 Domestic violence identified

- A women 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?'
- 736 women, 7.3% of the women screened, identified domestic violence according to the screening questions. This is higher but remains consistent with previous snapshots when the prevalence was 6.5% to 7% (see Figure 5).
- The disclosure rates were not consistent across all programs being 5.6% in antenatal, 2.3% in early childhood health, 31.6% in alcohol and other drugs, and 13.3% in mental health.
- Compared with the 2004 snapshot, the positive identification rate has increased in alcohol and other drugs services, decreased in early childhood health and mental health services, but remained consistent in antenatal services.

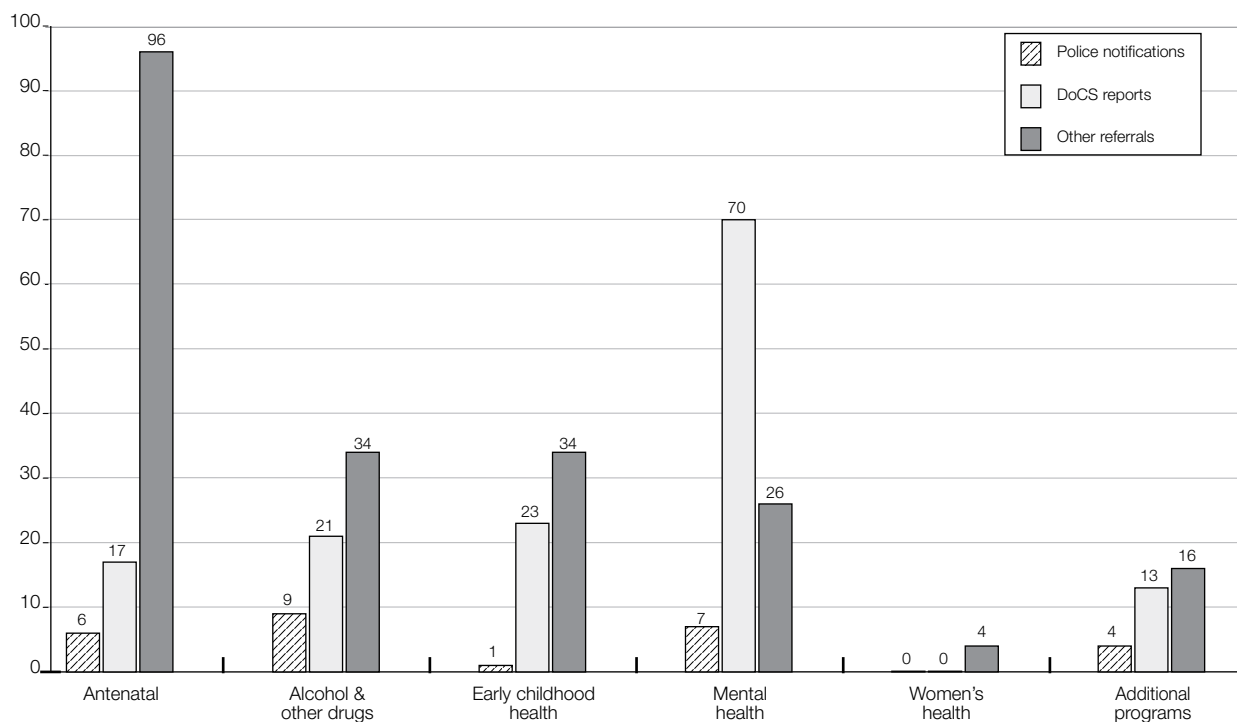
Figure 5: Percentage of women disclosing domestic violence in response to questions by program



4.5 Assistance accepted and action taken

■ 166 (22.6%) women who identified domestic violence also accepted the offer of assistance. This is a significant decrease from 71% in 2004. Given the figure of 454 or 61.7% who were given support and information, and subsequent number of referrals and reports to statutory authorities, this figure may not be accurate (see Figure 6).

Figure 6: Action taken by program



- 144 reports were made to DoCS and 27 notifications were made to Police. The relative number of DoCS referrals has significantly increased from 12% in 2004 to 20% in 2005. This may be due to more thorough assessment after identification, or, the possibility of some services making reports at the point of identification. There were 70 reports from mental health services, 59% of those identified through the screening process, indicating an increased awareness of the possible child at risk implications.
- There was a significant decrease in the rate of referrals to other services from 49% in 2004 to 28.6% in 2005. 210 other referrals were made. Those listed included 140 to other health services and 50 to services outside NSW Health.² Some women received more than one referral.
- As in previous snapshots, intrahealth referrals were most often made to social workers and specialist support programs and some to other mental health or alcohol and other drugs services. Referrals outside the health system were made to domestic violence court assistance schemes, women's refuges, family support services, Police Domestic Violence Liaison Officers, and to counselling services including victims of crime services and services that provide groupwork.

2. The number of other referrals does not always match the numbers noted in the section on referrals within health or to outside services. Staff may have recorded referrals made for other reasons, or not documented the total number of referrals.

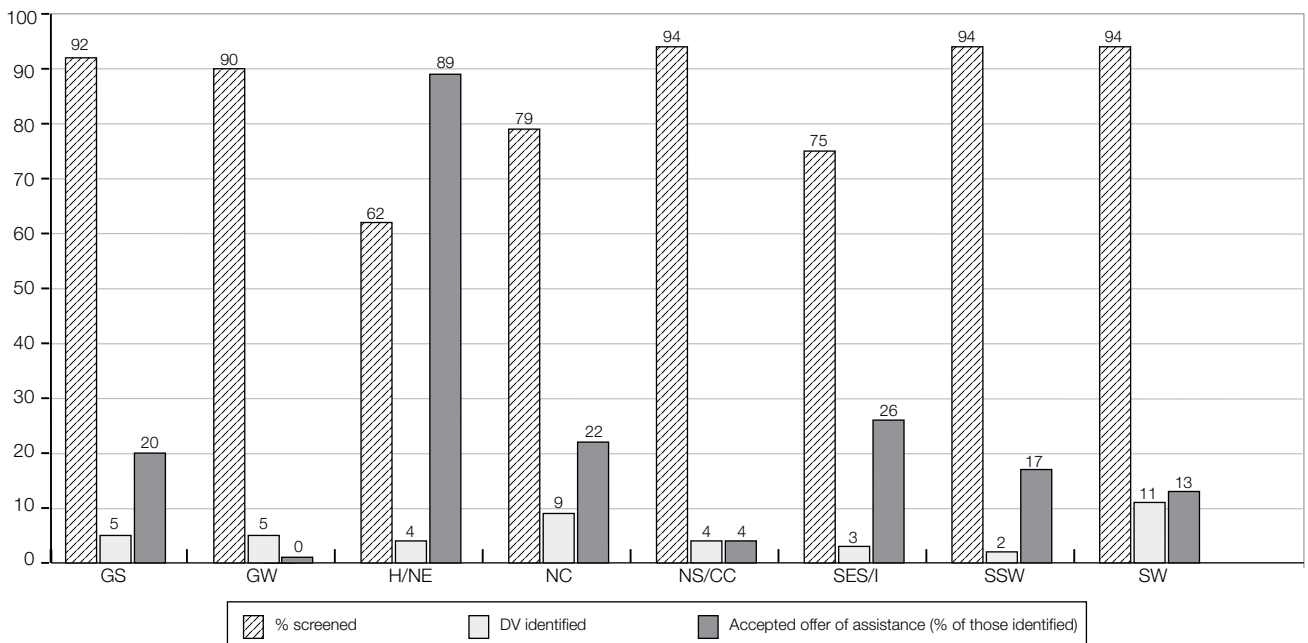
SECTION 5

Results by target programs

5.1 Antenatal services

- All Area Health Services have introduced screening in antenatal services.
- 3881 (83%) of the 4,679 women who attended antenatal services were screened. This is a slight decrease but consistent with rate recorded in 2004 (85%).
- The presence of a partner (38.9%) or others (16.5%) as a reason for not participating in screening accounted for a total 51.4% of women not screened. This is similar to 54% in 2004, and indicates that some services have been successful in implementing strategies to interview the woman alone.
- 216 (5.6%) women were identified as having experienced domestic violence in the previous 12 months. This is consistent with 5% in 2004.
- 20.8% of the women identified as having experienced domestic violence accepted an offer of assistance.
- 17 (7.9%) reports were made to DoCS and six notifications (3%) were made to Police.
- 96 (44.4%) other referrals were made.
- Both the numbers screened and positive identification rate have remained relatively stable in antenatal services.

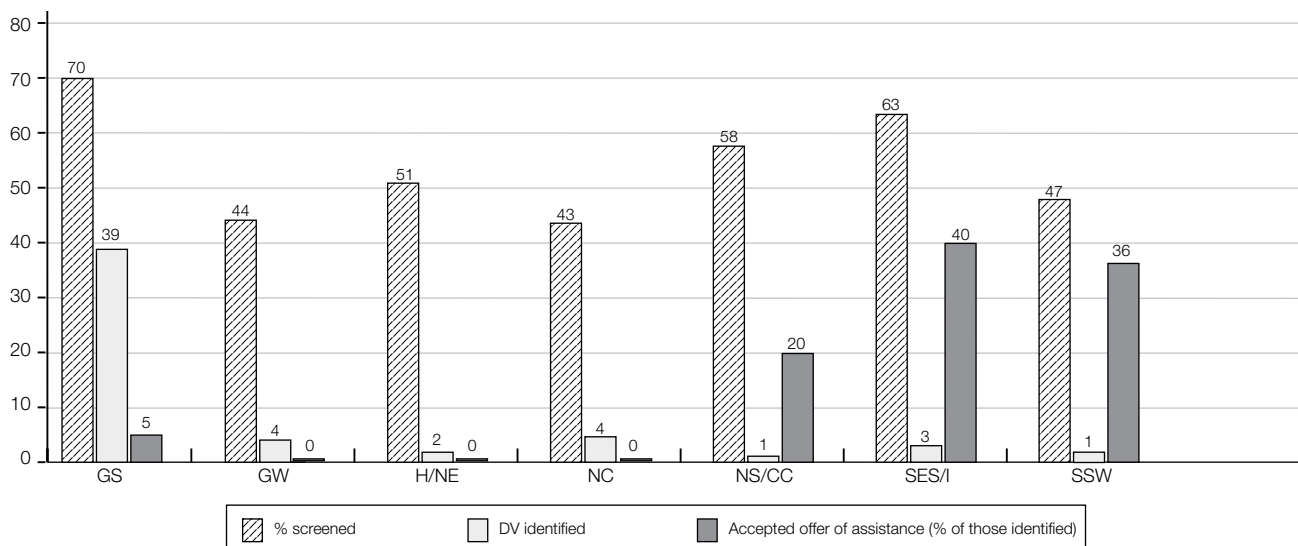
Figure 7: Antenatal services



5.2 Early childhood health services

- All Area Health Services have introduced screening in early childhood health services. As noted above, data from Sydney West has not been included in this section, as it was inextricable from general community health data.
- 3,188 (55.5%) of the 5,744 women attending these services were screened, which is similar to the 58% in 2004. The numbers of women presenting at early childhood health services which provide screening and those successfully screened have increased by 51.4% and 44.2% respectively, indicating an increase in services now implementing this program.
- The presence of a partner (42%) or others (29%) as a reason for not completing screening accounted for 71% of women not being screened. This suggests that having or creating the opportunities to interview the woman in private remains an issue for this service environment.
- 73 (2.3%) women were identified as having experienced domestic violence in the previous 12 months. This is a decrease from both 4% in 2004 and 3% in 2003.
- 54.6% of those women identified as having experienced domestic violence accepted an offer of assistance.
- 35 (48%) reports were made to DoCS and 6 (8%) notifications were made to Police.
- 34 (47%) other referrals were made.

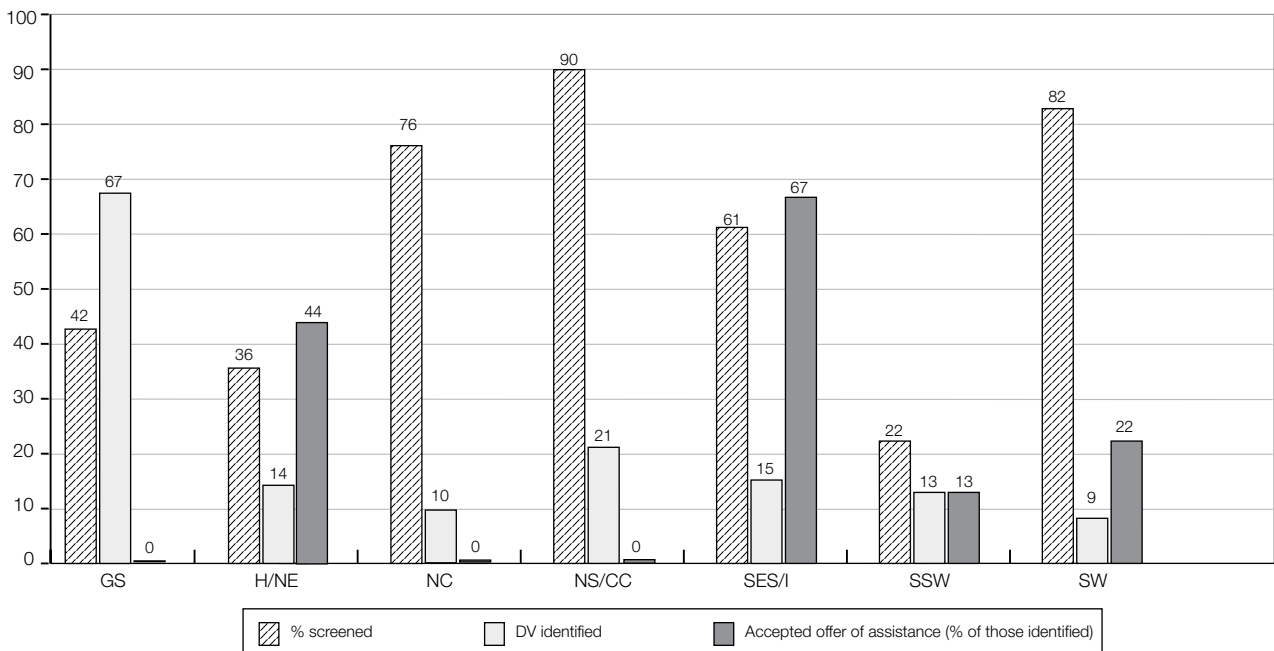
Figure 8: Early childhood health services



5.3 Mental health services

- All Area Health Services have introduced screening in mental health services. Greater Western has yet to commence screening in the Remote Cluster and Central, Mitchell and Castlereagh clusters. Although some services in the Southern and Eastern clusters of Greater Western are screening, data was not provided due to data extraction difficulties. There were also data problems in two Northern Sydney /Central Coast services which precluded their inclusion in the snapshot.
- 898 (57%) of the 1,577 women attending these services were screened. The numbers screened have more than doubled indicating an increase in services providing screening. The screening rate has decreased from 66% in 2004.
- 119 women (13.3%) were identified as having experienced domestic violence in the previous 12 months, which is a decrease from the 2004 rate of 19%.
- 40.3% of the women identified as having experienced domestic violence accepted an offer of assistance.
- 35 (18.6%) reports were made to DoCS and seven (5.9%) notifications were made to Police.
- 26 (21.8%) other referrals were made.

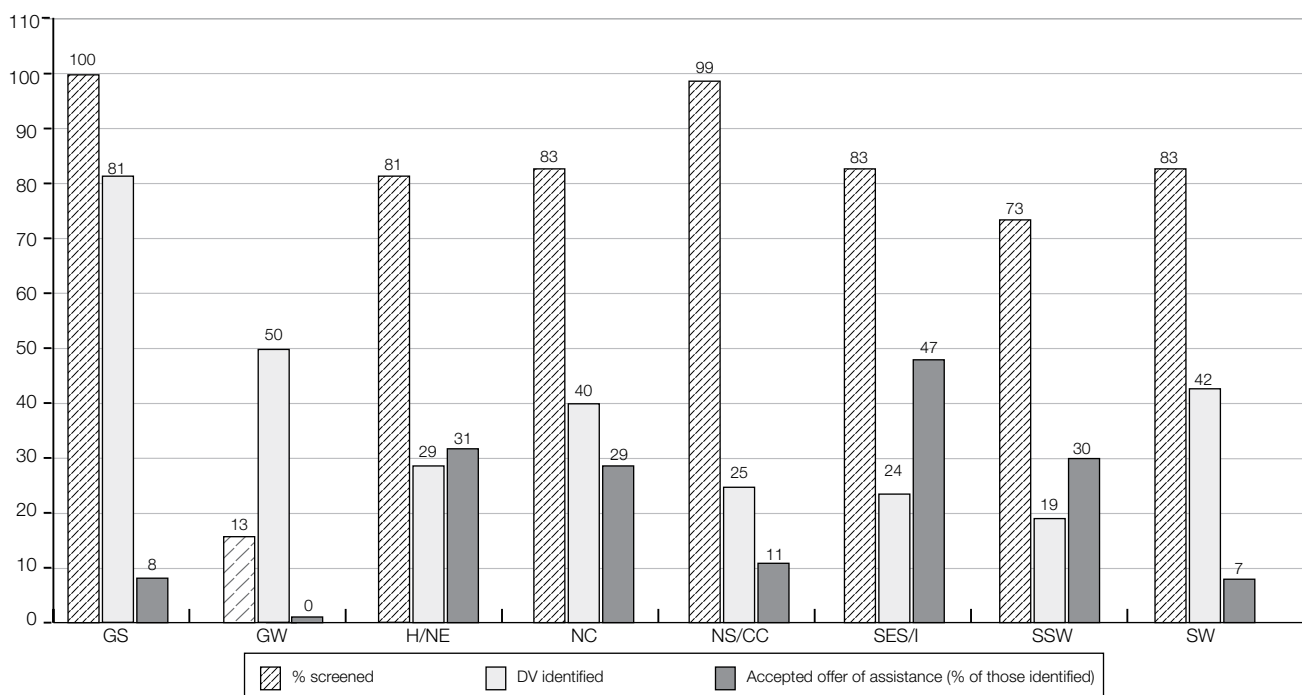
Figure 9: Mental health services



5.4 Alcohol and other drugs services

- All Area Health Services have introduced screening in alcohol and other drugs services.
- 754 (83%) of the 906 women attending these services were screened. This is similar to the screening rate of 85% in November 2004. The number of women presenting has more than doubled indicating a larger number of services are now screening.
- 238 (31.6%) women were identified as having experienced domestic violence in the previous 12 months. This is an increase from 27% in 2004.
- 46 (19.3%) women who were identified as having experienced domestic violence accepted an offer of assistance. This is a significant decrease from 2004 (56%).
- 21 (8.8%) reports were made to DoCS and nine (3.8%) notifications were made to Police.
- 34 (14.3%) referrals were made to other services.

Figure 10: Alcohol and other drugs services



SECTION 6

Results in additional programs

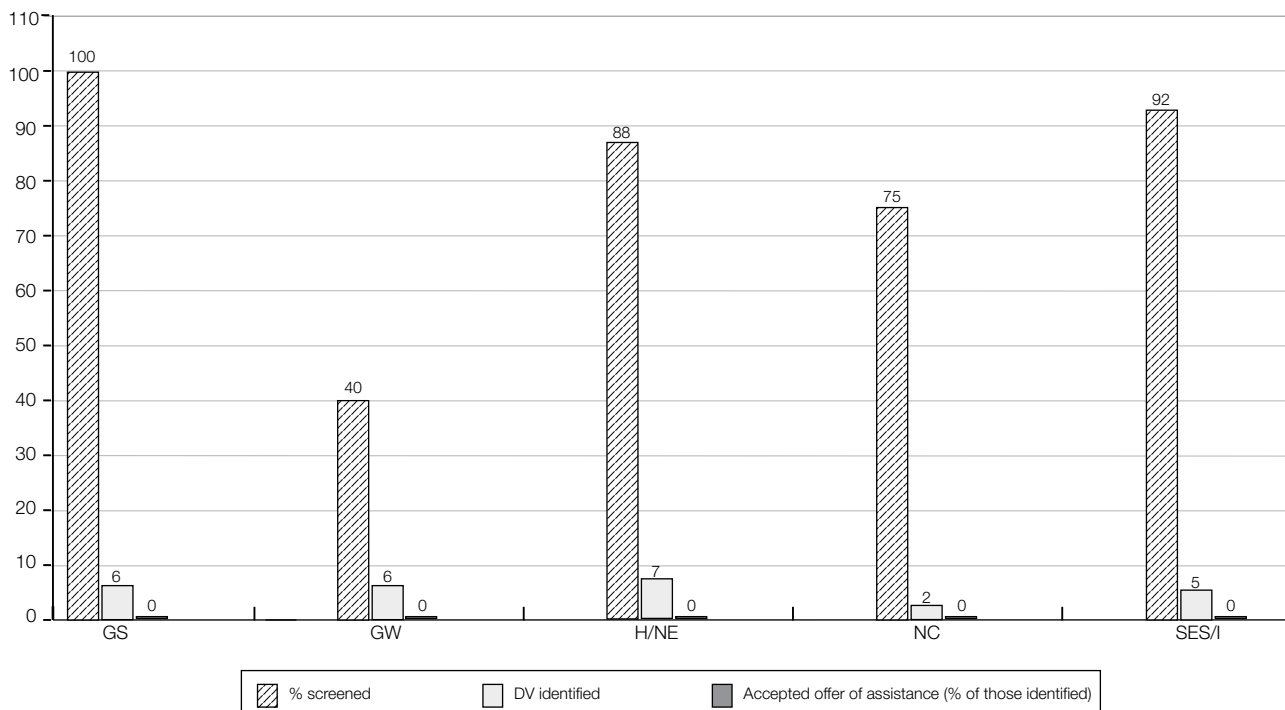
Many Area Health Services have elected to introduce screening into other service streams. Women's health nursing services in particular have had a high rate of uptake of screening, which may reflect the holistic approach to health care typically taken by this service. South Eastern Sydney Illawarra is screening in sexual health and sexual assault services, Northern Sydney Central Coast is screening in sexual assault and youth health services, and Greater Southern is screening in social work and generalist counselling services.

Sydney West has introduced screening in community health services. The large number of clients seen and the inclusion of early childhood health statistics in the data provided accounts for the large number in additional services in 2005.

6.1 Women's health nursing services

- Five Area Health Services have introduced screening in women's health nursing services. However, the total number of eligible women and women screened decreased by approximately half from 2004 indicating a decrease in screening and/ or that data was not provided.
- 361 (80%) of the 451 women attending these services were screened, which is similar to 87% in 2004.
- 20 (5.5%) women were identified as having experienced domestic violence in the previous 12 months, which is a slight decrease from the 7% recorded in 2004.
- No women were recorded as accepting assistance, however 11 (55%) women were provided with support and options were discussed.
- Four referrals were made.

Figure 11: Women's health nursing services



6.2 Sexual assault services

- Northern Sydney Central Coast and South Eastern Sydney Illawarra Area Health Services have introduced screening in adult sexual assault services.
- 23 (100%) of the women who attended these services were screened. This is an increase on the rate of 88% recorded for 2004.
- Seven women (30%) were identified as having experienced domestic violence in the previous 12 months, which is less than the 48% in 2004.
- One woman who was identified as experiencing domestic violence accepted an offer of assistance, four were provided with support and options.
- Two notifications were made to Police.
- No other referrals were noted indicating that the service may have provided what the clients needed at that time.

6.3 Sexual health services

- One sexual health service in South Eastern Sydney Illawarra Area Health Service has introduced screening.
- 120 (96%) of the 125 women who attended this service were screened, which is consistent with the rate recorded for 2004 (95%).
- Four (3.3%) women were identified as having experienced domestic violence in the previous 12 months. This is a significant decrease from 2003 (12%).
- One notification was made to Police.
- Three other referrals were made.

6.4 Other services

This section combines data from a range of community health services, particularly that provided by Sydney West Area Health Service.

- 865 (31%) of the 2,785 women who presented were screened. The low rate is probably reflective of the inclusion of early childhood health data.
- 59 (6.8%) women were identified as having experienced domestic violence in the previous 12 months.
- Eight (13.6%) women accepted the offer of assistance, 42 were given support and options were discussed.
- One notification was made to Police.
- 11 reports were made to DoCS.
- 11 other referrals were made.

Snapshot 4: November 2006

7.1 Key findings

The key findings as at November 2006 are:

- 11,581(66.3%) of the 17,456 eligible women who attended the participating services were screened.
- This represents a 12.9% increase in the number screened from November 2005 to November 2006, and an increase from the 2005 screening rate of 62%.
- All of the Area Health Services have introduced screening in the target program areas of antenatal, early childhood health, mental health and alcohol and other drugs services and six have introduced screening in women's health nursing services.
- 695 (6%) of the women screened disclosed experiencing domestic violence in the previous 12 months, according to the screening questions.
- There was a reduction in the rate of identification of domestic violence (6%), compared with 2005 (7.3%) and a decrease in actual numbers (695 in 2006 compared with 736 in 2005).
- The percentage of women accepting the offer of assistance at 26% is higher than 22.6% in 2005.
- The number of Police notifications was 44 (6.3%) of those identified, higher than 27 (3.7%) in 2005.
- The number of child at risk of harm reports to the Department of Community Services (DoCS) has continued to increase with 163 (23.5%) reports made in November 2006. The reporting rates were 20% in 2005 and 12% in 2004.
- The number of referrals to other services at 251(36%) is an increase from 210 (28.6%) in 2005.
- The presence of partners (34%) and presence of others (29%) were recorded as main reasons for not screening. For 25%, 'other reason' was noted.

Overall results

8.1 Extent of screening in November 2006

- Screening was implemented in the eight Area Health Services in all of the target programs (see Figure 13).
- Women's health nursing services are screening in six Area Health Services.
- Some clusters in Greater Western and Sydney South West had not commenced screening.

8.2 Screening rate

- A total of 17,456 women were counted as eligible clients/patients by all services participating in the screening snapshot. This is a small increase of 1,166 from 2005, when 16,290 eligible women attended these services. There was an increase in client numbers across all target program areas, particularly early childhood health.

- Early childhood health saw the highest number of women (8,256), followed by antenatal services (5,174), mental health (1,990) and alcohol and other drugs (1,067). 785 attended women's health nursing services and the total number of women attending additional programs was 184.³
- Of the 17,456 women attending these services, 11,581 women were screened. The number screened is a 12.9% increase from that in 2005. The screening rate of 66% is an increase on the 62% in 2005.
- Women's health nursing and antenatal services each screened 84% of women, alcohol and other drugs 76% with early childhood health and mental health screening 55% and 50% respectively (see Figure 14).

Figure 13: Screening in Area Health Services

Area Health Service	antenatal	early childhood health	mental health	alcohol and other drugs	women's health nursing	additional programs***
Greater Southern*	✓	✓	✓	✓	✓	✓
Greater Western	✓	✓	✓	✓	✓	
Hunter / New England	✓	✓	✓	✓	✓	
North Coast	✓	✓	✓	✓	✓	
Northern Sydney / Central Coast	✓	✓	✓	✓	✓	✓
South Eastern Sydney / Illawarra	✓	✓	✓	✓	✓	✓
Sydney South West	✓	✓	✓	✓		✓
Sydney West	✓	✓	✓	✓		**

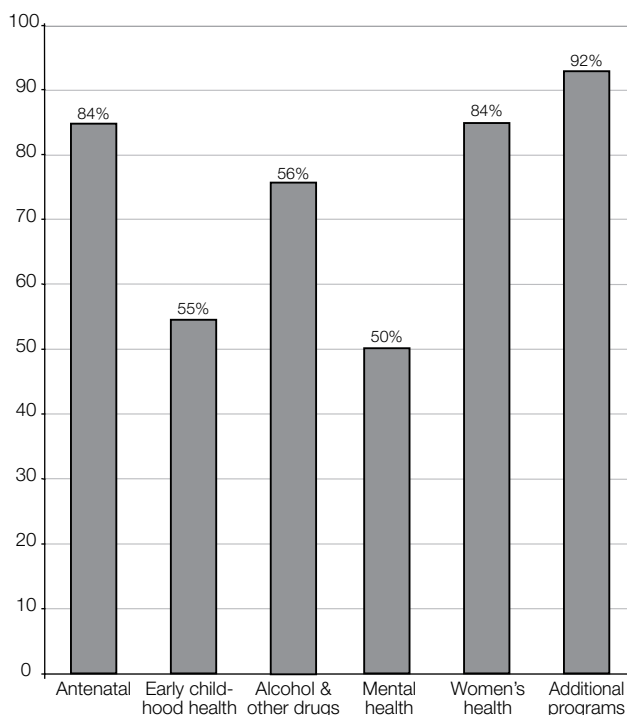
* Not all Greater Southern services participated in the 2006 snapshot

** Sydney West community health services did not participate in the 2006 snapshot due to data separation issues

***Additional programs are sexual assault services, sexual health services and youth health services

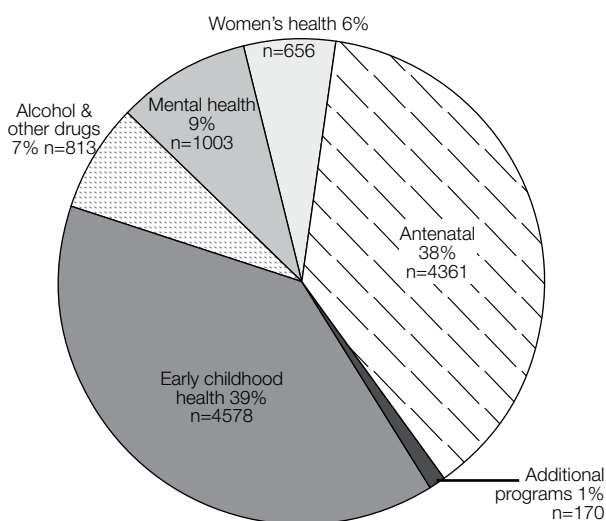
3. Sydney West Area Health Service did not include community health services in the 2006 snapshot due to data separation issues between community health and early childhood health services in 2005.

Figure 14: Screening rate by program



- Antenatal and early childhood health services are the programs where most women were screened in 2006, comprising 38% and 39% respectively of all women screened. Mental health services account for 9% of the screening, alcohol and other drugs for 7%, and women health nursing for 6% (see Figure 15).

Figure 15: Percentage of women screened by program



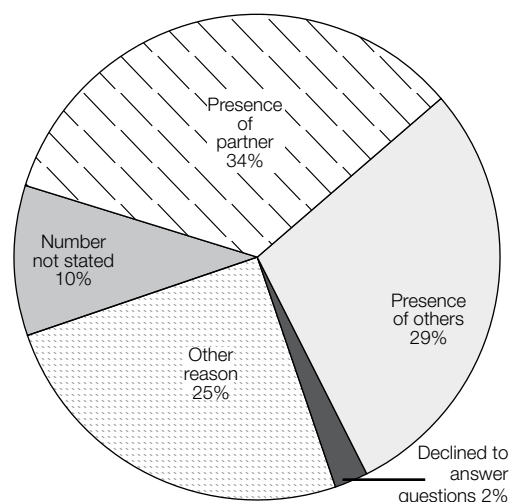
8.3 Reasons screening not completed

- The most frequently given reasons for not screening were the presence of partner 2,045 (34%) or others 1,676 (29%) (see Figure 16).
- 105 (2%) women declined to answer the questions.
- 1,476 (25%) women were not screened for other reasons. Information provided in the 'comments'

section provided some other reasons for not screening including: domestic violence previously identified therefore did not need to be screened, no interpreter available, other issues more pressing needed to be addressed, insufficient time, living alone ie no partner or ex-partner, patient left before full assessment, patient unwell (particularly mental health), new staff not yet trained, client was phone contact not face to face, and staff shortages meant lack of time to conduct screening.

- Incompleteness of the data reflected by the high percentage 573 (10%) in 'not stated' suggests the reasons for not completing screening may not be accurately documented.

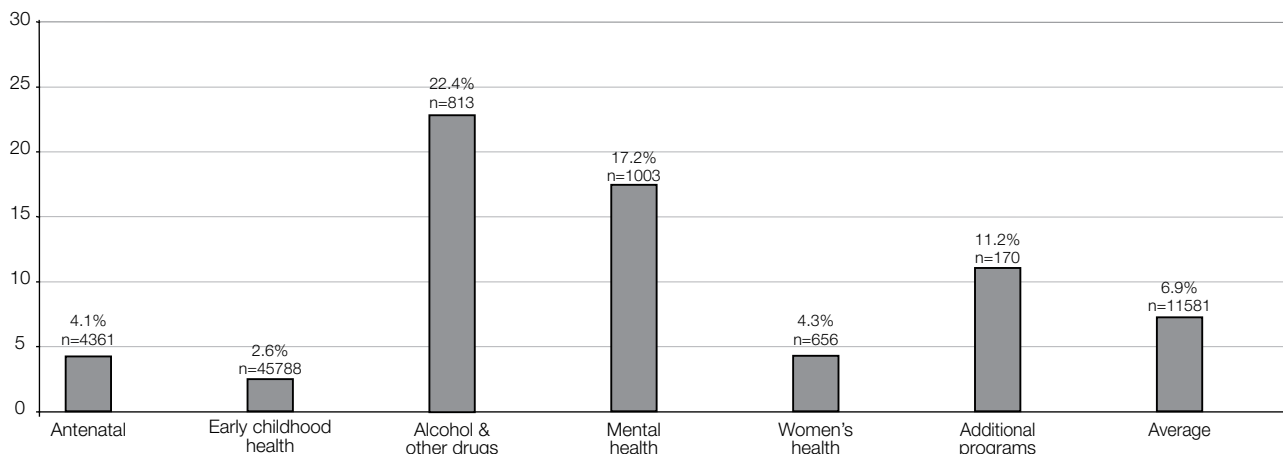
Figure 16: Reasons for not completing screening



8.4 Domestic violence identified

- A women 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?'
- 695 women, (6%) of the women screened, identified domestic violence according to the screening questions. This is a decrease but remains relatively consistent with previous snapshots when the prevalence ranged from 6.5% to 7% (see Figure 17).
- The disclosure rates varied across all programs being 2% in antenatal, 2.6% in early childhood health, 22% in alcohol and other drugs, 17.1% in mental health, 4.3% in women's health nursing, and 11.2% in additional programs (37% in sexual assault, 6.4% sexual health and nil in youth health. Numbers are small in the three program areas).

Figure 17: Women disclosing domestic violence in response to questions by program



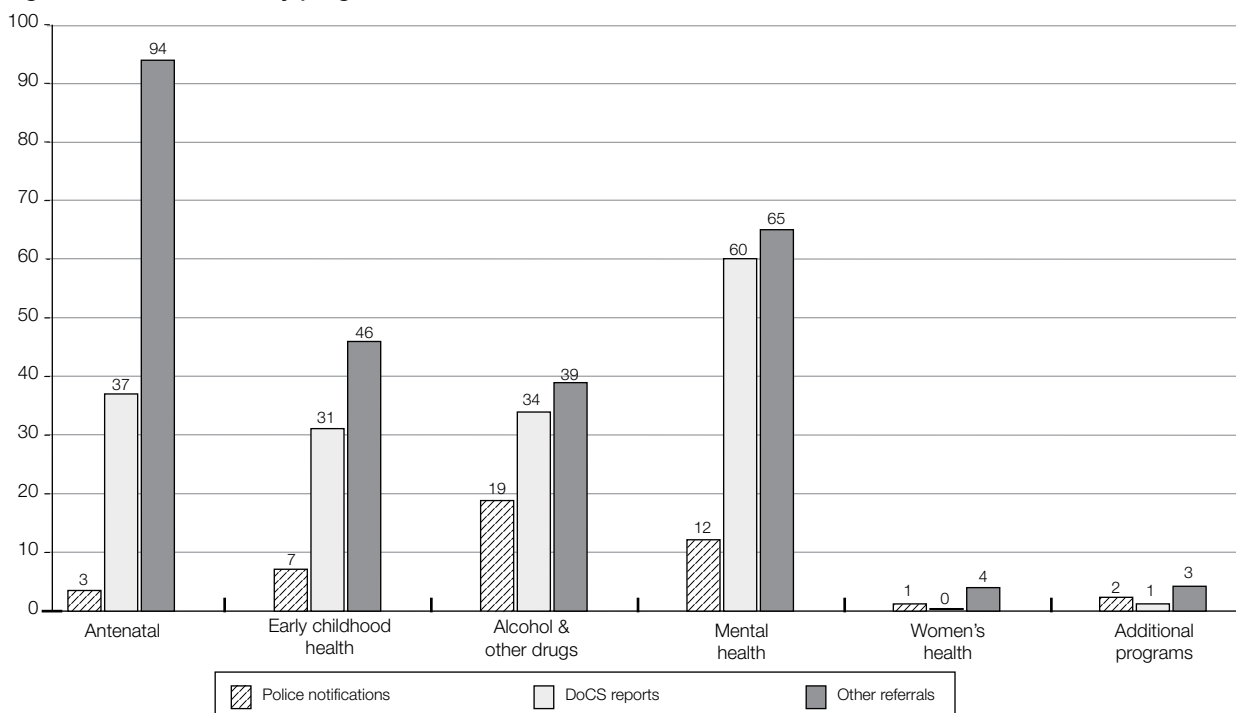
- Compared with the 2005 snapshot, the positive identification rate has increased in mental health, decreased in antenatal, drug and alcohol, and women's health nursing, but remained consistent in early childhood health services.
- Sydney West, whose clients account for 20% of all eligible women, noted an overall decrease in disclosure rates, which it stated warrants further investigation.

8.5 Assistance accepted and action taken

- Although the number of disclosures of domestic violence was lower in 2006 than 2005, actions taken in all categories – reports to DoCS, notifications to Police and referrals – were higher.

- 180 (26%) women who identified domestic violence also accepted the offer of assistance. Given the figure of 516 (74% of those identified) who were given support and information, and the subsequent number of referrals and reports to statutory authorities, this figure may not be accurately recorded (see Figure 18).
- 163 reports were made to DoCS. The relative number of DoCS referrals has increased slightly from 22% in 2005 to 23.5% in 2006. 60 reports came from mental health services alone, 35% of mental health clients disclosing domestic violence. 37 reports were made by antenatal services, 21% of all antenatal clients. 31 reports were by early childhood health services, 26% of early childhood clients. 34 reports or 19% were made regarding alcohol and other drugs clients who disclosed domestic violence.

Figure 18: Action taken by program



- Notifications to Police have increased in number from 27 in 2005 to 44 in 2006, 6% of all women disclosing.
- There was an increase in the rate of referrals to other services from 28.6% in 2005 to 36% in 2005 with a total of 251 other referrals provided in the data collection forms. Those listed included 134 to other health services and 57 to services outside NSW Health.⁴ Some women received more than one referral.
- As noted in previous snapshots, intrahealth referrals were most often made to social workers, specialist support programs for perinatal clients, and some to other mental health, alcohol and other drugs or to sexual assault services.
- Referrals outside the health system were made to domestic violence court assistance schemes, women's legal services, women's refuges, family support services, Police Domestic Violence Liaison Officers, Department of Housing and to counselling services including women's health centres, groupwork services and victims of crime services. Referrals were also made to culturally specific services including Aboriginal Medical Services and one to a Muslim women's refuge.
- Comments indicated that some women were already linked with support services. Some women chose not to be referred.

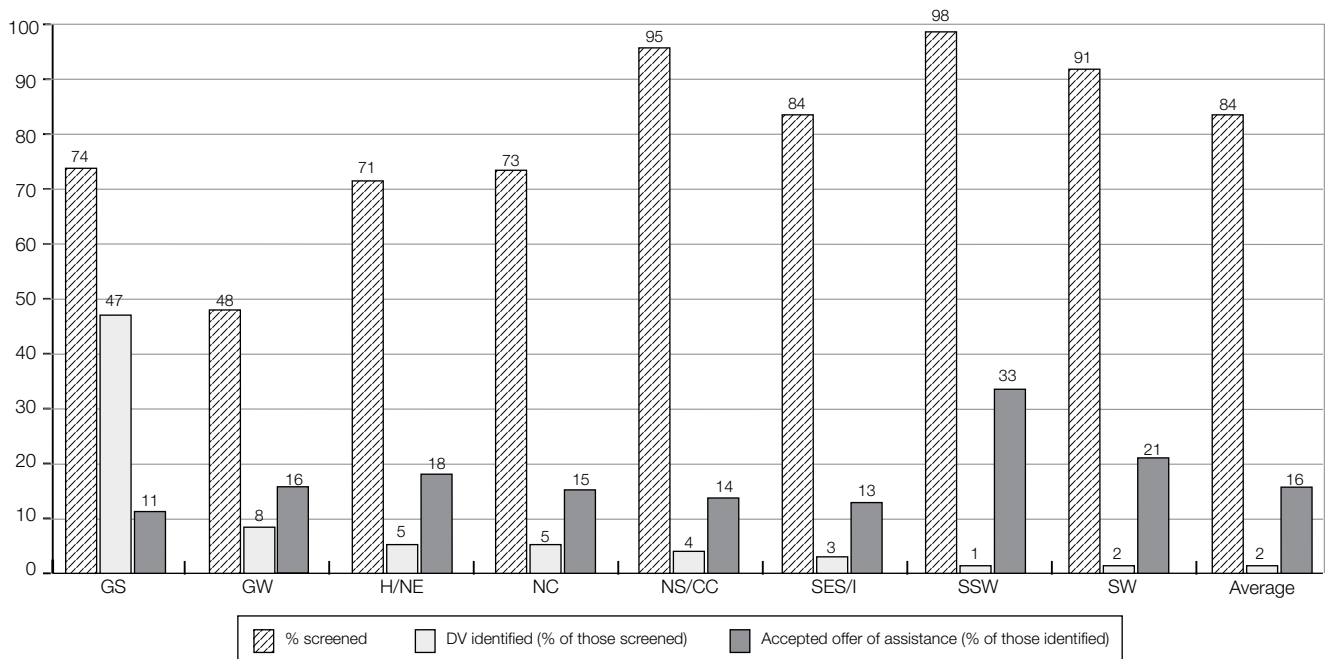
4. The number of other referrals does not always match the numbers noted in the section on referrals within health or to outside services. Staff may have recorded referrals made for other reasons, or not documented the total number of referrals.

Results by target programs

9.1 Antenatal services

- All Area Health Services have introduced screening in antenatal services.
- 4,361 (84%) of the 5,174 women who attended antenatal services were screened, maintaining the 2005 screening rate of 83%.
- The presence of a partner (43%) or others (23%) as a reason for not completing screening accounted for 66% of women not screened. This is higher than 51.4% in 2005, indicating that although some services have been successful in implementing strategies to interview the woman alone, it remains an issue for many services.
- 177 women (2%) were identified as having experienced domestic violence in the previous 12 months. This is a decrease from preceding years (5.6% in 2005, 5% in 2004).
- 28 (15.8%) of the women identified as having experienced domestic violence accepted an offer of assistance.
- 37 (21%) reports were made to DoCS and three notifications were made to Police (2%).
- 94 (53%) other referrals were made.
- While the screening rate has remained relatively stable in antenatal services, the identification rate has decreased. North Sydney Central Coast conducted an audit after finding the disclosure rate had decreased since the introduction of the electronic database, ObstetriX. Midwives had reported direct entry was affecting answers to sensitive personal history questions. The audit found 10 additional women had reported domestic violence in the past 12 months.

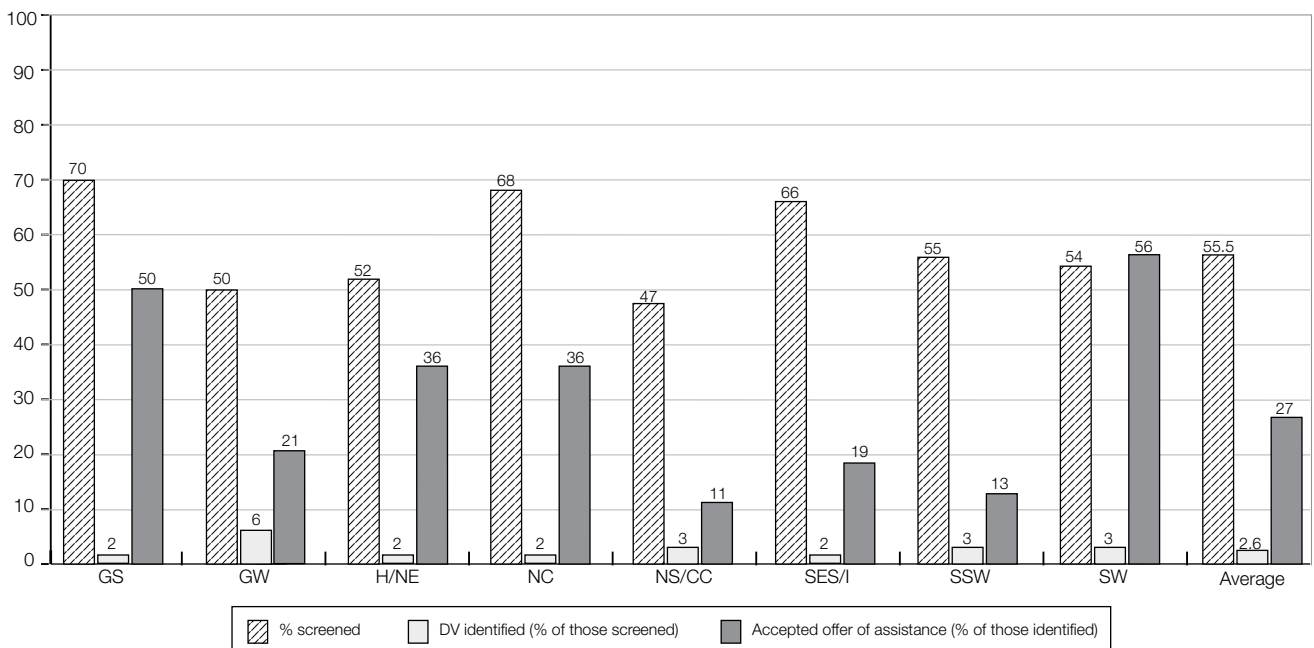
Figure 19: Antenatal services



9.2 Early childhood health services

- All Area Health Services have introduced screening in early childhood health services.
- 4,578 (55.6%) of the 8,256 women attending these services were screened, which is similar to the 55.5% in 2005. The numbers of women presenting at early childhood health services which provide screening and those successfully screened have each increased by 30% from 2005, indicating an increase in services now implementing this program and/or increased number of clients.
- The presence of a partner (44%) or others (38%) as a reason for not completing screening accounted for 82% of women not being screened. This suggests that having or creating the opportunities to interview the woman in private remains an issue for this service environment.
- 117 women (2.6%) were identified as having experienced domestic violence in the previous 12 months. This is similar to 2.3% in 2005.
- 30 (27%) women identified as having experienced domestic violence accepted an offer of assistance.
- 31(26%) reports were made to DoCS and seven (6%) notifications were made to Police.
- 46 (39%) other referrals were made.

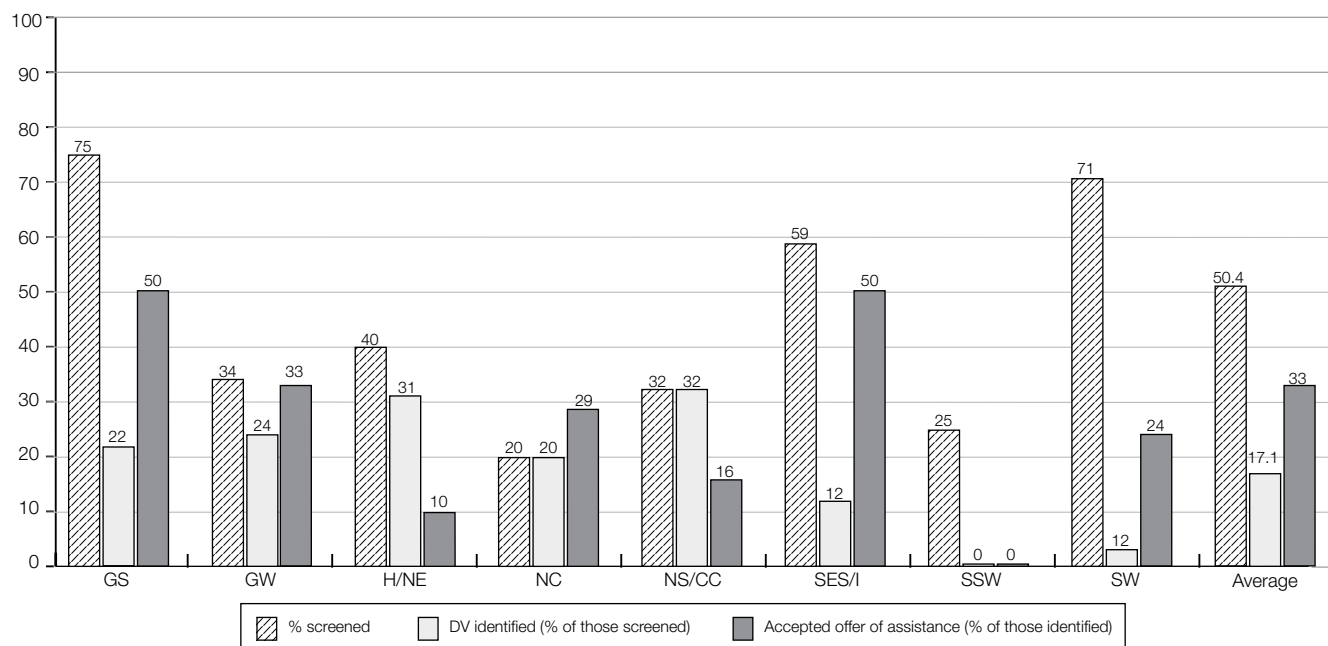
Figure 20: Early childhood health services



9.3 Mental health services

- All Area Health Services have introduced screening in mental health services.
- 1,003 (50%) of the 1,990 women attending these services were screened. While the number of eligible women has increased by 20%, the number screened has increased by only 10%. The screening rate has continued to decrease, from 57% in 2005 and 66% in 2004.
- 172 (17%) women were identified as having experienced domestic violence in the previous 12 months, which is an increase from the 2005 rate of 13%.
- 57 (33%) women identified as having experienced domestic violence accepted an offer of assistance.
- 60 (35%) reports were made to DoCS and 12 (7%) notifications were made to Police. The number and proportion of DoCS reports has increased markedly from 35 (18.6%) in 2005.
- 65 (38%) other referrals were made.

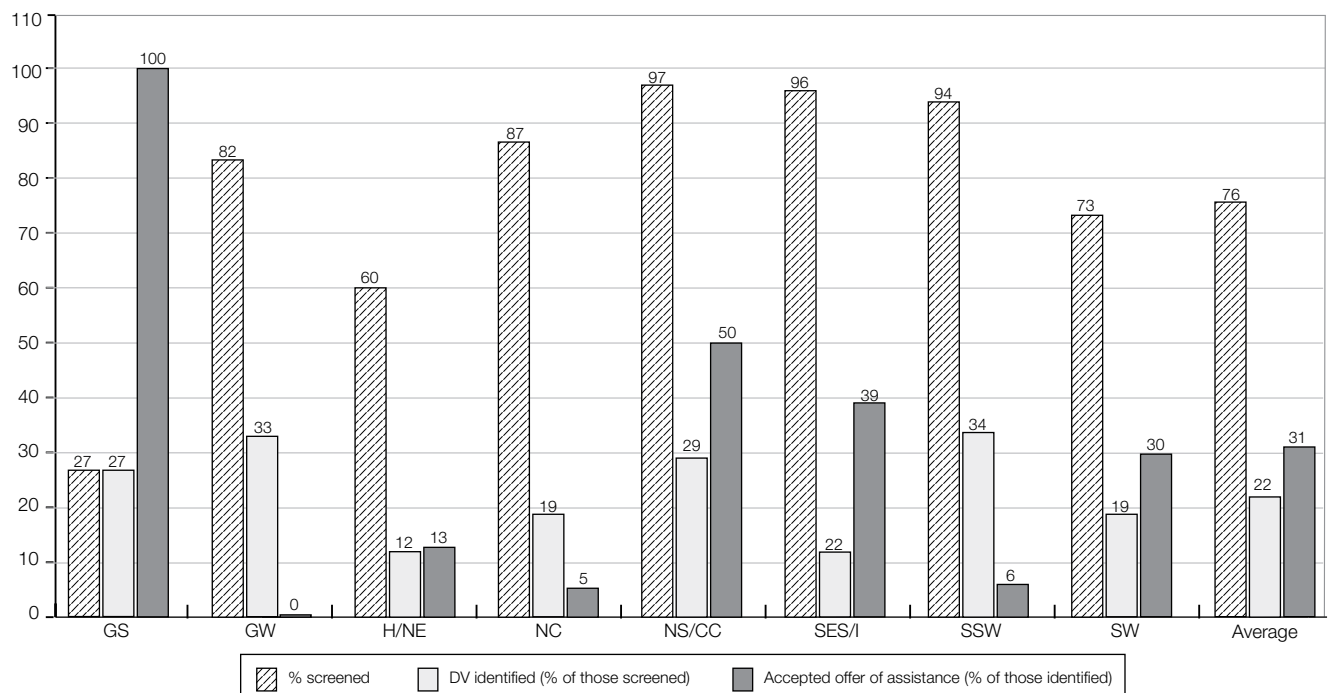
Figure 21: Mental health services



9.4 Alcohol and other drugs services

- All Area Health Services have introduced screening in alcohol and other drugs services.
- 813 (76%) of the 1,067 women attending these services were screened. This is lower than the screening rate of 83% in November 2005.
- 182 (22%) women were identified as having experienced domestic violence in the previous 12 months. This has decreased significantly since the 2005 snapshot, where the figure was 238 (32%) women.
- 56 (31%) women who were identified as having experienced domestic violence accepted an offer of assistance. This is an increase from 46 (19.3%) in 2005.
- 34 (18.7%) reports were made to DoCS and 19 (10%) notifications were made to Police, both significantly increased on 2005 figures, 21 (8.8%) in and nine (3.8%) respectively.
- 39 (21%) referrals were made to other services.

Figure 22: Alcohol and other drugs services



Results in additional programs

Many Area Health Services have elected to introduce screening into other service streams. South Eastern Sydney Illawarra is screening in sexual health and sexual assault services, Northern Sydney Central Coast in sexual assault, and Sydney South West has included youth health services this year.

As noted above, Sydney West did not include additional programs in the 2006 snapshot.

10.1 Women’s health nursing services

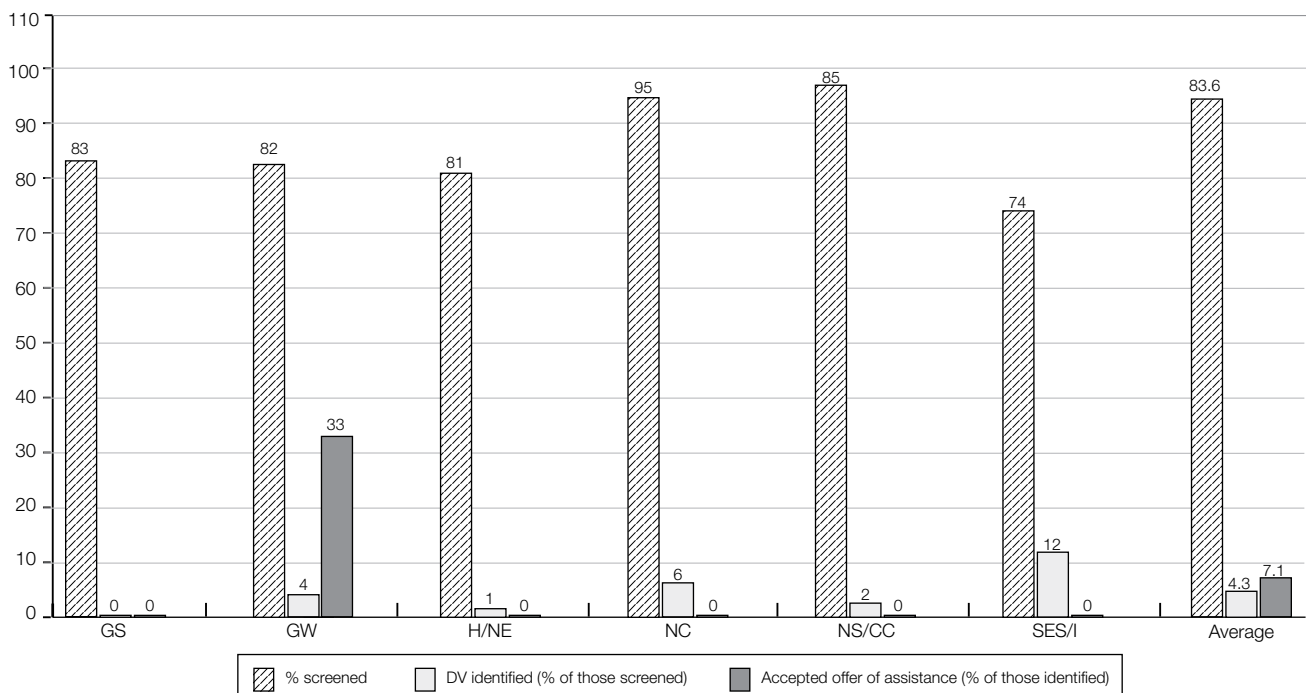
- Six Area Health Services have introduced screening in women’s health nursing services with North Sydney Central Coast data providing data in 2006.
- 656 (84%) of the 785 women attending these services were screened, which maintains the high rate in this program. The total number of eligible women and women screened increased significantly by 42% and 45% respectively from 2005, bringing it closer to 2004 levels.
- 28 (4.3%) women were identified as having experienced domestic violence in the previous 12 months.

- Two women were recorded as accepting assistance, however 20 (71%) women were provided with support and options were discussed.
- One police notification was made and no reports were made to DoCS. Four referrals were made.

10.2 Sexual assault services

- Northern Sydney Central Coast and South Eastern Sydney Illawarra Area Health Services have introduced screening in adult sexual assault services.
- 27 (93%) of the 29 women who attended these services were screened.
- Ten (37%) women were identified as having experienced domestic violence in the previous 12 months.
- Seven (70%) women who were identified as experiencing domestic violence accepted an offer of assistance, 10 were provided with support and options.
- Two notifications were made to Police and one report was made to DoCS.
- One other referral was made.

Figure 23: Women’s health nursing services



10.3 Sexual health services

- One sexual health service in South Eastern Sydney Illawarra Area Health Service is screening female clients.
- 140 (90%) of the 155 women who attended this service were screened, which maintains the consistently high screening rate.
- Nine (6.4%) women were identified as having experienced domestic violence in the previous 12 months.
- While no women were recorded as accepting assistance, six were given support and options discussed.
- Two other referrals were made.

10.4 Other services

- Only one service, a youth service in Sydney South West, has provided data for this section. Of the four eligible young women attending, three were screened. There were no disclosures.

Key issues in Snapshot 3 and Snapshot 4

The findings of this recent snapshot suggest that the NSW Health Routine Screening for Domestic Violence Program is a sustainable strategy for identifying domestic violence.

The comparison of 2003, 2004, 2005 and 2006 figures demonstrates that Area Health Services are still implementing the screening program and/or that client numbers have increased. It is important to consolidate this work and to extend the strategy to those target services that have yet to commence screening (see Figure 24).

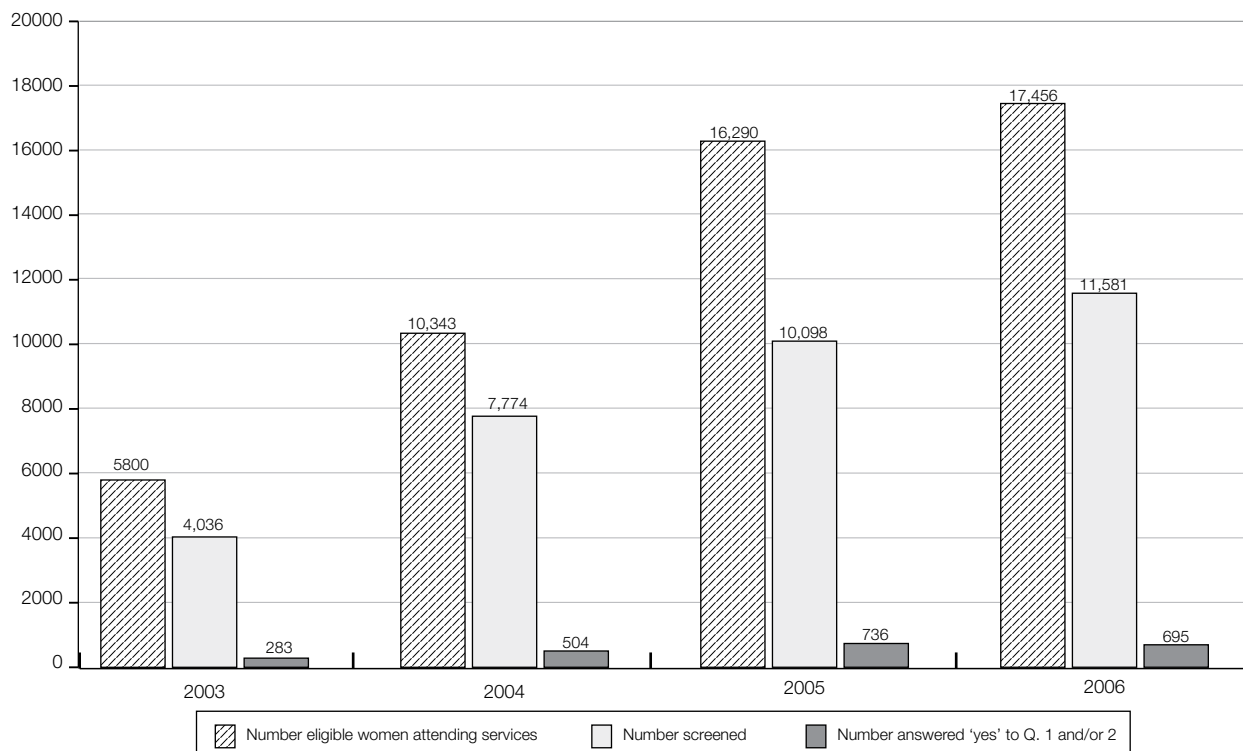
This is particularly important given that under-identification accompanied by high levels of health service usage is a known feature of the interaction of victims of domestic violence with the health system.

As NSW Health does not provide dedicated services for victims of domestic violence, strategies to identify, support and refer women who experience violence are essential to preventing further abuse and assist in their recovery.

Health services have made considerable progress in implementing screening in the four target programs of antenatal, early childhood health, mental health and alcohol and other drugs.

While the numbers of eligible women have increased overall, the increase of 6.6% in 2006 has not been as great as in former years. It may be that in some Areas all relevant services are now screening but may also due to data not being provided by some services on this occasion. Sydney West did not provide data for the non-target community health services in 2006 to enable provision of early childhood health service data, which was unable to be separated out in 2005. This is estimated at approximately 1,500 women. Greater Southern and Sydney South West reported that some facilities did not provide data for this snapshot.

Figure 24: Numbers of eligible women, numbers screened and numbers disclosing domestic violence, 2003, 2004, 2005, 2006



Target programs indicated a decrease in screening rates in 2006, ranging from 2% in alcohol and other drugs to 9% in mental health and there remains a consistently low rate for early childhood health services, 55.5% in 2006. Antenatal maintains a high rate of 84%.

It is important to reiterate that screening is to be conducted for all eligible women, not selectively, however this must be done in accordance with the protocols and, in mental health for example, many women may be too unwell for all assessment processes to be completed.

In early childhood services and antenatal services in particular, it is necessary to develop strategies for interviewing the woman on her own perhaps at a time when other intimate or personal questions are asked, and screening at an appropriate opportunity if unable to be conducted at the first visit.

The decrease in identification rates in antenatal services may be due in part to the introduction of ObstetriX, which requires midwives to enter all client data directly on computer. This may hinder interaction between the midwife and the woman, and therefore affect the quality of personal history information. Staff education and familiarity with this method should improve this situation.

The continuing increase in the reporting of children at risk of harm to DoCS particularly by mental health and alcohol and other drugs services indicates a higher level of awareness of the elevated risk for children when these health issues coexist with domestic violence.

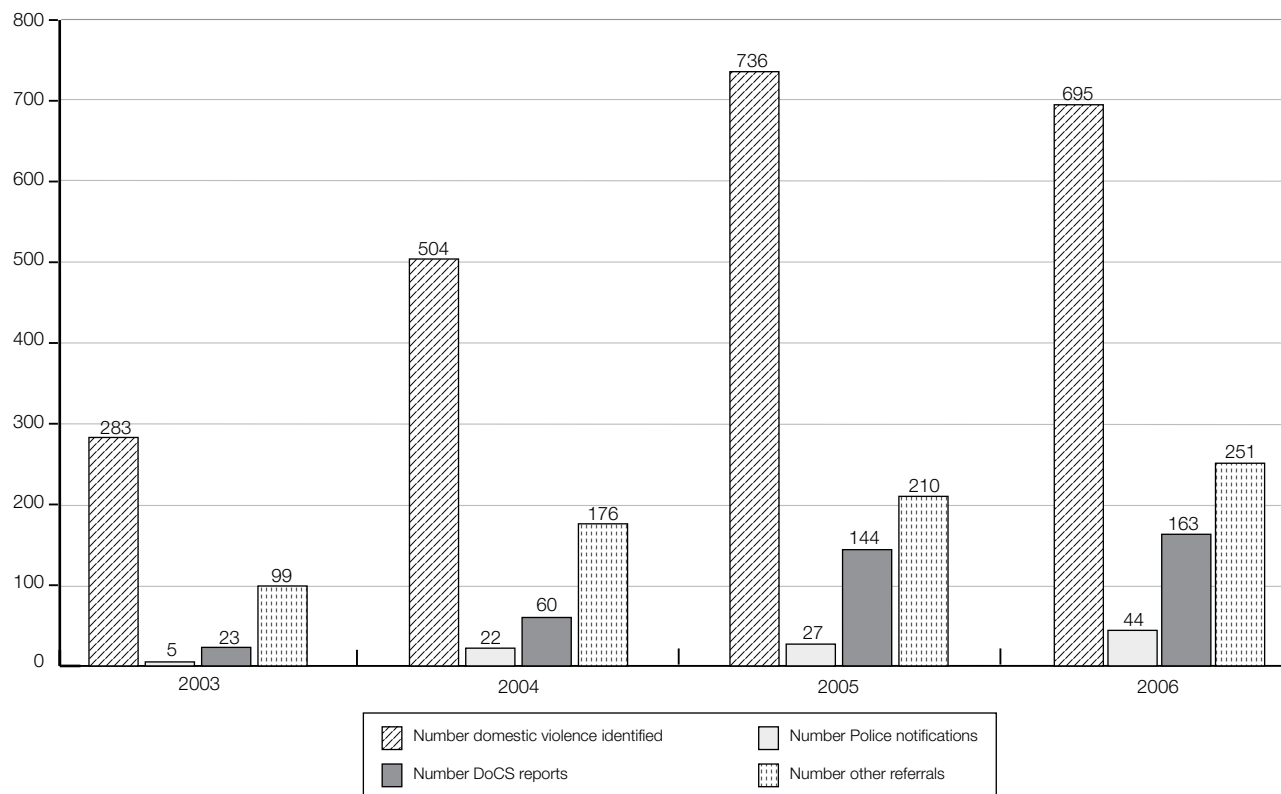
The relatively high number of negative responses to question 3 "Are you safe to go home when you leave here?" in comparison with notifications to Police or assistance and referrals provided, suggests there may be different interpretations of this question.

Analysis of the data indicates there may be incomplete recording of information on the screening forms particularly with regard to providing responses to question 4 "Would you like some assistance with this?"

Area Health Services need to continue to provide training in routine screening for domestic violence for new staff, and refresher briefings for services could also be considered. The reestablishment of the Routine Screening for Domestic Violence Senior Project Offer position in 2007 at the Education Centre Against Violence will assist Areas to do this.

The NSW Department of Health will continue to support Area Health Services in the implementation and monitoring of this important program.

Figure 25: Domestic violence identified and action taken 2003–2006



APPENDIX 1

Comparison of the 2003, 2004, 2005 and 2006 November data snapshots

Year	Eligible women attending services	Number screened	% eligible women screened	Number identified domestic violence	% Identified of those screened	Women unsafe to go home	Number accepted offer of assistance
2003	5,800	4,036	70%	283	7%	Not asked	115
2004	10,343	7,774	75%	504	6.5%	94	358
2005	16,290	10,090	62%	736	7.3%	217	166
2006	17,456	11,581	66.3%	695	6%	229	180

Year	% accepted offer of assistance	Number of Police notifications	Number of DoCS reports	Number of other referrals	Referrals inside health	Referrals outside health
2003	41%	5	23	99	Not asked	Not asked
2004	71%	22	60	176	136	125
2005	22.6%	27	144	210	140	50
2006	26%	44	163	251	134	57

Reasons screening not completed						
Year	Presence of partner	Presence of others	Declined to answer questions	Other reason	Not stated	
2003	54%	38%	2%	Not asked	29%	
2004	32%	27%	1%	19%	21%	
2005	27%	21%	1%	11%	40%	
2006	34%	29%	2%	25%	10%	

Routine screening for domestic violence 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:

Action taken

- Domestic violence identified, information given
- Domestic violence identified, information declined
- Domestic violence not identified, information given
- Domestic violence not identified, information declined
- Support given and options discussed
- Reported to DoCS
- Police notified
- Referral made to _____
- Other action taken _____
- Other violence/abuse disclosed _____

Screening was not completed due to

- Presence of partner
- Presence of other family members
- Woman declined to answer the questions
- Other reason (specify) _____

Signature of Staff

Name

Designation

Data collection form

Routine Screening for Domestic Violence: Snapshot 3: 1–30 November 2005

Area:

Service:

Facility:

Date screening commenced:

Facility contact person: Phone: Email:

Screening:		Action Taken:							Screening not completed due to:				
1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Number – eligible women screened	Number – DV identified – i.e. answered yes to Q1 and/or Q2	Number – answered no to Q3	Number – answered yes to Q4	Number – Support given and options discussed	Number – Police notifications	Number – DoCS reports	Number – other referrals**	Number – presence of partner	Number – presence of others	Number – declined to answer question	Number – other reason	Number – not stated

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

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

Comments:

.....

.....

Routine Screening for Domestic Violence: Snapshot 4: 1–30 November 2006

Area:

Program:

Facility:

Facility contact person:

Phone:

Email:

Screening:		Action Taken:										Screening not completed due to:		
1	2	3	4	5	6	7	8	9	10	11	12	13		
Number – eligible women who presented to the facility	Number – women screened	Number – DV Identified – i.e. answered yes to Q1 and/or Q2	Number – answered no to Q3	Number – answered yes to Q4	Number – Support given and options discussed	Number – Police notifications	Number – DoCS reports	Number – other referrals**	Number – presence of partner	Number – presence of others	Number – declined to answer question	Number – other reason		

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

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

Comments:

.....

.....

.....

Routine Screening for Domestic Violence

Guidelines for Data Collection Snapshot 3: 1–30 November 2005

To: All services and facilities which have commenced routine screening for domestic violence

The NSW Health *Policy for Identifying and Responding to Domestic Violence* (2003) requires the introduction of routine screening of eligible women for domestic violence in antenatal, early childhood health, mental health, and alcohol and other drugs services by the end of 2004. Additional programs may also be screening.

The Policy identifies the need for AHS to participate in data collection processes, which document the level and

outcomes of screening. To make this process as straightforward as possible, the data collection will take the form of an annual snapshot over a one-month period in each service facility that has commenced screening. The 2004 snapshot will occur **1–30 November 2005** inclusive.

Each facility is asked to complete the following data collection proforma and submit to the Area Health Service for forwarding to the Department by **30 January 2006**.

For further information or an electronic format (Excel), please contact Tarika Rivers, Senior Policy Analyst, on 9391 9503 or trive@doh.health.nsw.gov.au

Explanatory Notes for completing data snapshot November 2005 proforma:

- Facilities will need to develop their own data gathering strategy eg concurrent data collection, file audit, CHIME.
- Whole numbers only are required.
- 'Service' refers to the broad program area eg Early Childhood Health, Alcohol and Other Drugs, Mental Health, and Ante Natal Service.
- 'Facility' refers to the specific service or site eg X Antenatal Clinic, Y Community Mental Health Centre.
- Please note a contact person for the screening facility, with contact details.
- 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.
- Column 2 is total number of all eligible women who were screened.
- Column 3 is the total number of women who answered "yes" to question 1 and/or question 2.
- Column 4 is the total number of women who answered "no" to question 3.
- Column 5 is the total number of women who answered "yes" to question 4.
- Column 6 is the total number of women who identified domestic violence by answering "yes" to question 1 or 2, and who received support & with whom options were discussed.
- The 'Action taken' section, asks for total numbers of Police notifications, Department of Community Services reports, and other referrals. Count all such actions taken. Individual women may be in more than one category and therefore counted more than once. Complete this when domestic violence was identified, not for other reasons.
- The 'Screening not completed due to:' section asks the reasons why screening may not have been completed. Numbers are requested for screening not completed due to: 'presence of partner', 'presence of others', or 'other reason' – other reasons do not need to be specified. This refers to women for whom screening was *not commenced*, as well as circumstance in which screening was *not completed*.
- The 'Other Referrals' section, asks for more detailed information regarding all 'other referrals' and whether these are within the public health system eg to an antenatal social work service, or to outside services eg Domestic Violence Court Assistance Scheme. Please note the numbers of women referred to particular services. Individual women may be referred to more than one service, and thus counted more than once. Only complete this when domestic violence was identified, not for other reasons.
- The 'Comments' section allows for any comments a service may wish to make. Please attach another sheet if space is insufficient.

Routine Screening for Domestic Violence

Guidelines for Data Collection Snapshot 4: 1–30 November 2006

To: All services and facilities which have commenced routine screening for domestic violence

The NSW Health *Policy for Identifying and Responding to Domestic Violence* (2003) requires the introduction of routine screening of eligible women for domestic violence in antenatal, early childhood health, mental health, and alcohol and other drugs services by the end of 2004 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 Area Health Services 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 2006 snapshot will occur **1–30 November 2006** inclusive.

Each facility is asked to complete the following data collection proforma and submit to the Area Health Service for forwarding to the Department by **2 February 2007**.

For further information or an electronic format (Excel), please contact Gwen Cosier, Senior Policy Analyst, on 9391 9884 or gwen.cosier@doh.health.nsw.gov.au

Explanatory Notes for completing data snapshot November 2005 proforma:

16. Facilities will need to develop their own data gathering strategy eg concurrent data collection, file audit, CHIME.
17. Whole numbers only are required.
18. 'Program' refers to the broad program/service area. 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.
19. 'Facility' refers to the specific service or site eg X Antenatal Clinic, Y Community Mental Health Centre.
20. Please note a contact person for the screening facility, with contact details, for checking of any information if required.
21. 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.
22. Column 2 is total number of all eligible women for whom the screening form was completed.
23. Column 3 is the total number of women who answered "yes" to question 1 *and/or* question 2.
24. Column 4 is the total number of women who answered "no" to question 3.
25. Column 5 is the total number of women who answered "yes" to question 4.
26. Column 6 is the total number of women who identified domestic violence by answering "yes" to questions 1 or 2, **and** who received support and/or with whom options were discussed. This includes receiving the domestic violence z-card or any other written or verbal information.
27. 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 though screening**. Do not include referrals made in other circumstances.
27. 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. Reasons are to be collated and do not need to be specified.

29. As a double check, please note that the total for Columns 10–13 should equal the difference between columns 1 and 2.
30. 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 Assistance Scheme. 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 for other reasons.**
31. The '**Comments**' section allows for any comments a service may wish to make. Please attach another sheet if space is insufficient.
32. If multiple attempts were made to screen an individual woman, please include the **last** attempt made within the November timeframe.

