NSW KIDS + FAMILIES

DOMESTIC VIOLENCE ROUTINE SCREENING +

November 2012

Snapshot Report 10

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 relevant health services for victims.

NSW GOVERNMENT Health

healthy, safe and well

TABLE OF CONTENTS

FOREWARD

Since 2003, NSW Health services have conducted a one month data 'Snapshot' every November, to obtain information about the Domestic Violence Routine Screening (DVRS) Program. The 2012 DVRS Snapshot, Snapshot Report 10, provides information on the rates and outcomes of DVRS conducted in NSW Health services. The 2012 report also features:

- An updated evidence section
- An examination of NSW Health's program in the light of the 2013, World Health Organisation's (WHO) clinical and policy guidelines, 'Responding to intimate partner violence and sexual violence against women'
- Data by LHD, program area, and comparative data from 2003-2012

The 2012 report concludes with key lessons for practice, to build on the achievements of DVRS to date, and to support improved outcomes for victims of domestic violence.

KEY FINDINGS - SNAPSHOT 10: NOVEMBER 2012

The key findings for the November 2012 Snapshot include:

Category	Number
Eligible women who attended a participating service	24,657
Eligible women who were screened	14,908 (60.5% of eligible women)
Eligible women screened who were identified as having experienced domestic violence in the previous 12 months	813 (5.5% of women screened)
Women accepting an offer of assistance	229 (28.2% of women identified as having experienced domestic violence)
Notifications or Referrals (Reports to Community Services, Notifications /reports to the NSW Police Force, Other) *Some women may have multiple referrals	1,041

Key headlines:

5.5% of all women screened disclosed abuse in 2012 Snapshot period

Uptake of screening in antenatal and drug and alcohol services, women's health and other services was above 80%

Uptake in early childhood was just above 50%, and mental health services screened at the lowest rate of 33.9%

The rate of disclosure in mental health (15.4%) and drug and alcohol services (22.3%) was high compared with the whole of program average (5.5%)

INTRODUCTION

Prevalence and health effects of domestic violence

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. Globally, 30% of women who have been in a relationship have experienced physical and or sexual violence by their partner[1].

NSW Health defines domestic violence in the *Policy and Procedures for Identifying and Responding to Domestic Violence (PD2003_ amended 2006)* 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"[2].

Worldwide, victims are:

16% more likely to have a low birth-weight baby

Twice as likely to have an induced abortion

Twice as likely to experience depression[3]

The World Health Organisation (WHO) reports that as many as 38% of all murders of women worldwide are reported as being committed by intimate partners[4]. There are a number of negative and often long-term mental health consequences of domestic violence for victims: depression, anxiety, post-traumatic stress and other disorders, substance abuse to self-medicate, and suicide[5]. Victims of domestic violence report higher rates of a range of health issues than non-victims.

Victims of domestic violence are high users of health services but often are not identified by health services[6] [7]. This limits the capacity of health services to intervene and provide appropriate and effective health care. It can also lead to victims remaining isolated, being inappropriately diagnosed, 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[8] [9].

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[1] World Health Organisation, 2013, Global and regional estimates of violence against women: the prevalence and health effects of intimate partner violence and non-partner sexual violence.

[2] NSW Health, Policy and Procedures for Identifying and Responding to Domestic Violence (PD2003_ amended 2006) available at: http://www0.health.nsw.gov.au/policies/pd/2006/pdf/PD2006_084.pdf

[3] World Health Organisation, 2013, Global and regional estimates of violence against women: the prevalence and health effects of intimate partner violence and non-partner sexual violence.

[4] World Health Organisation, 2013, Global and regional estimates of violence against women: the prevalence and health effects of intimate partner violence and non-partner sexual violence.

[5] Braaf R, Barrett I, 2013 Domestic Violence And Mental Health Fast Facts 10, Australian Domestic and Family Violence Clearinghouse http://www.adfvc.unsw.edu.au/documents/Fast_Facts_10.pdf accessed 30/9/2013

[6] Laing L (2001) Children, Young People and Domestic Violence Issue Paper 2, Sydney: Australian Domestic Violence Clearinghouse

[7] 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

[8] 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.

[9] 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

NSW Health's Domestic Violence Routine Screening program

Since 2001, former Area Health Services and from 2011, Local Health Districts (LHDs) 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 relevant health services for victims.

The *NSW Health Policy and Procedures for Identifying and Responding to Domestic Violence* (PD2003_ amended 2006) formalised this strategy and requires screening to be undertaken in the four target programs as part of routine assessment:

- All women attending antenatal services
- All women attending child and family health services
- Women aged 16 years and over who attend mental health services, and
- Women aged 16 and over who attend alcohol and other drugs services.

The prevalence of domestic violence and associated risks are high for female patients/clients in these clinical groups. Screening in women's health programs and other programs is also undertaken on an 'opt in' basis, for example in Women's Health and Sexual Assault Services (SAS).

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.

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?

In 2006 an amendment was made to the NSW *Health Policies and Procedures for Identifying and Responding to Domestic Violence 2003* (PD2003_084) to include additional questions about child victims of domestic violence.[10]

The amendment modifies the 2003 policy as follows:

The inclusion of the following additional text in section 3.1"Identification of domestic violence (page 9), procedures section after the paragraph commencing "Ask about safety":

"Ask about child safety:

Do you have children? (If so) have they been hurt or witnessed violence?

Who is/are your child/ren with now? Where are they?

Are you worried about your child/ren's safety?

[10]The 2006 amendment can be accessed via: http://www0.health.nsw.gov.au/policies/pd/2006/pdf/PD2006_084.pdf

Procedures in Section 3.2.2, Counselling interventions with victims (page 13) were also amended by deleting and replacing dot point six under "Assess safety" with the following text:

> "Are there children involved? Who is/are your child/ren with now? Are they safe? Was/were your child/ren nearby when your partner was violent to you?"
>
> Health workers must make a report to the Department of Family and Community Services (FACS) Helpline on 133 627 where he or she has reasonable grounds to suspect a child is at risk of harm (refer to Section 4.5 – Children and domestic violence)" [11].

In accordance with NSW Health policy and guided by the privacy principles outlined in Schedule 1 of the *Health Records and Information Privacy Act 2002* (NSW), Police may be notified if the woman wishes and/or where there are concerns for the safety of the woman and/or her children[12].

In all other cases where domestic violence is identified, but referral to the NSW Police Force or Family and Community Services (FACS) is not necessary, 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 offer the z-card, *Domestic Violence Hurts Your Health*, produced by the NSW Health Education Centre Against Violence (ECAV), to all women screened regardless of whether they are experiencing domestic violence. 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.

Z-cards have now been printed in 12 community languages: Arabic, Chinese, Dari, Korean, Hindi, Samoan, Somali, Serbian, Spanish, Tamil, Turkish and Vietnamese. These languages were chosen from Department for Immigration and Citizenship statistics focusing on country of birth and numbers of migrant and refugee communities settling in NSW, especially in South West Sydney and Western Sydney. They were also chosen to support the Bilingual Community Education program in South Western Sydney and Western Sydney LHDs. Plans are in place to extend the range of languages available to better cater for emerging community groups, and to provide additional NSW Health domestic violence educational resources to culturally and linguistically diverse (CALD) communities.

Screening in selected health settings – the evidence

Universal screening remains a contested approach internationally[13]. Arguments for conducting routine screening include the "prevalence of Inter-Personal Violence (IPV), poor health outcomes and hidden nature of abuse"[14]. WHO supports screening in selected health care settings, if specific minimum standards are implemented, but does not support routine screening in all health care settings.

The WHO raises a number of concerns with routine screening across all health care settings:

- The high burden of screening every woman approaching a health service
- The limited capacity for providing a response

[11] For information and resources on when and how to make a mandatory report, refer to: http://www.community.nsw.gov.au/docs_menu/preventing_child_abuse_and_neglect/resources_for_mandatory_reporters/when_must_i_make_a_report.html#mrg

[12] Health Records and Information Privacy Act 2002 (NSW) Handbook to health privacy, p. 28. Available at: http://www.ipc.nsw.gov.au/agdbasev7wr/privacy/documents/pdf/hripa_health_handbook.pdf

[13] World Health Organisation, 2013, Responding to intimate partner violence and sexual violence against women WHO clinical and policy guidelines http://www.who.int/reproductivehealth/publications/violence/9789241548595/en/

[14] Spangaro J, Zwi A, and Poulos R,"Persist. Persist.": A Qualitative Study of Women's Decisions to Disclose and Their Perceptions of the Impact of Routine Screening for Intimate Partner Violence" in Psychology of Violence 2011, Vol. 1, No. 2, 150–162

- The difficulties faced by women if they are repeatedly questioned, yet no action is taken when positively screened
- Increased resistance by clinicians

NSW Health has not adopted a universal approach as screening is not mandatory across all health care services. Rather, screening is routinely conducted in selected program areas, two of which are identified as promising screening locations by the WHO: mental health and antenatal services.

The Domestic Violence Routine Screening Program complies with the World Health Organisation clinical and policy guidelines, which recommends:

- Procedures are in place
- Staff are trained
- A minimum response is required
- There is a private setting
- Confidentiality is ensured
- A system for referral is in place[15].

NSW Health is working to improve each of these components, through a review of the current NSW Health policy.

An evaluation of the impact of routine screening was carried out in 2010 with two samples of women who had used NSW Health Services that conduct routine screening: one sample who disclosed domestic violence following screening, and the other comprising women that did not disclose domestic violence when screened. The evaluation indicates that the implementation of routine screening for domestic violence in selected NSW Health services addresses the main concerns raised by WHO as well as noting areas for improvement.

The evaluation further demonstrated that NSW Health compares well to international experiences in relation to referrals made following a disclosure by women of domestic violence. The NSW study noted that 45% of women positively screened received a referral, with 35% taking up this referral. 10% - 21% of positively screened women received referrals in other studies[16]. The evaluation also identified referral on to appropriate services as an area requiring improvement, and made recommendations to boost referral options and pathways[17].

While WHO raised concerns about difficulties women faced in being asked directly about domestic violence, the evaluation found that six months after screening, 81% of women in the study "strongly agreed … that it is a good idea for health workers to ask about abuse"[18].

"…the screening protocol is an example of a program with a sustained screening rate for more than 7 years, with high staff acceptability at the study sites."[19]

[15] World Health Organisation, 2013, Responding to intimate partner violence and sexual violence against women WHO clinical and policy guidelines http://apps.who.int/iris/bitstream/10665/85240/1/9789241548595_eng.pdf accessed 30/9/2013

[16] Spangaro J, Zwi A, Poulos P, Who tells and what happens: disclosure and health service responses to screening for intimate partner violence in Health and Social Care in the Community (2010) 18(6), 671–680

[17] Spangaro J & Zwi A, 2010, After the Questions: Impact of Routine Screening for Domestic Violence in NSW Health Services, University of NSW

[18] Jo Spangaro & Anthony Zwi, 2010, After the Questions: Impact of Routine Screening for Domestic Violence in NSW Health Services, University of NSW http://www0.health.nsw.gov.au/resources/nswkids/pdf/dvrs_doh_report_after_the.pdf accessed 30/9/2013

[19] Spangaro J, Poulos R, Zwi A,"Pandora Doesn't Live Here Anymore: Normalization of Screening for Intimate Partner Violence in Australian Antenatal, Mental Health, and Substance Abuse Services" in Violence and Victims, Volume 26, Number 1, 2011

The value of screening as an early intervention program is demonstrated in the evaluation, where 23% of women who screened positive for abuse were "disclosing the abuse to any person for the first time". Given the consistent under-reporting of domestic violence to Government and support services, the identification of this group of women is significant. Another positive finding is that six months after they were screened 50% of those screening positive for domestic violence believed they could ask a health worker for assistance[20]. Both these outcomes decrease the sense of isolation felt by many victims of domestic violence, and encourage them to seek further help to escape violence.

The evaluation also found that "when the positive screened women were given information at the point of screening most read it and many made further use of it by talking to another or passing the card on"[21].

It is well documented that Aboriginal women experience family violence at far greater rates than of non-Aboriginal women[22]. Hovane and Cox recommend the use of culturally appropriate screening tools for use in health settings[23]. NSW Health is currently supporting research on the suitability of the NSW Health screening process for domestic violence for Aboriginal clients.

When victims, or those at risk of domestic violence, are identified, early intervention can assist women to understand their options and prioritise their safety. NSW Health strongly supports the continued delivery of targeted routine screening conducted face-to-face by skilled health workers to support the identification of domestic violence[24] [25].

The NSW Legislative Council Standing Committee on Social Issues noted that NSW Health's routine screening for domestic violence is an excellent example of an effective early intervention strategy[26].

[20] Jo Spangaro & Anthony Zwi, 2010, After the Questions: Impact of Routine Screening for Domestic Violence in NSW Health Services, University of NSW, p. 8

[21] IBID p 77

[22] Hovane V & Cox D, June 2011 "Closing The Gap On Family Violence: Driving Prevention And Intervention Through Health Policy" In Issues Paper 21, Australian Domestic and Family Violence Clearinghouse

[23] Hovane V & Cox D, June 2011 "Closing The Gap On Family Violence: Driving Prevention And Intervention Through Health Policy" In Issues Paper 21, Australian Domestic and Family Violence Clearinghouse

[24] 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.

[25] Nelson HD, Nygren P, McInerny 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

[26] NSW Legislative Council – Standing Committee on Social Issues, 2012, Domestic violence trends and issues in NSW, NSW Parliament, p.131.

2012 DOMESTIC VIOLENCE ROUTINE SCREENING SNAPSHOT REPORT

This report documents the one-month Snapshot of routine screening conducted in LHDs across New South Wales in November 2012. The same methodology has been applied in each Snapshot since 2003.

Key data from each of the years 2003 – 2012 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 NSW Health, LHDs and participating services with valuable information for monitoring the strategy's implementation, evaluating compliance and informing service development.

Snapshot Methodology

LHDs collated data from the screening forms for each program that screened women for domestic violence during the Snapshot period of 1 November – 31 November 2012. This data was then provided to NSW Kids and Families for preparation of the statewide Snapshot report.

The data included the number of eligible women attending the services, the number of women 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 slightly each year to clarify instructions and explanations (See Appendices for 2012 data collection form and guidelines).

The rationale for the one month Snapshot is increasingly a historical one, as NSW Health services move towards electronic client and service systems. Until recently, the information for the snapshot required a manual data audit, consequently a one month data 'Snapshot' was identified as the most practical balance between the needs to collect the information and LHD service delivery priorities. However, a one month data Snapshot has the potential to shift the focus to delivering screening during the Snapshot month, rather than a continuous focus on quality improvement and service delivery.

It is NSW Kids and Families objective to move towards an annual data collection within 5 years to enable greater insight into annual trends, streamline the collection of data, and create key data linkages with information such as demographic data. Thirteen LHDs now use ObstetriX for their Maternity Services data collection. The Community Health and Outpatient Care (CHOC) Program is a state-wide program that will deliver an Integrated Clinical System (ICS) into community health and outpatient care clinical services[27]. The ability to monitor DVRS performance information throughout the year will also ensure that services screen at a consistent level throughout the year.

The key findings for the November 2012 Snapshot include:

- 24,657 eligible women who attended a participating service
- 14,908 (60.5%) of eligible women were screened
- 813 (5.5% of women screened) eligible women screened who were identified as having experienced domestic violence in the previous 12 months
- 229 (28.2%) women who identified domestic violence accepted an offer of assistance
- There were 1,041 notifications or referrals to Family and Community Services, reports to the NSW Police Force, or other services (N.B. Some women may have multiple referrals).

[27] CHOC will be rolled out to the following services: Aboriginal Health, Aged and Chronic Care, Allied Health, Child ,Youth and Family, Community Home Nursing, Sexual Health, Mental Health, Drug and Alcohol services

Extent of Screening Across Local Health Districts in November 2012

Screening was conducted in all target programs in the 15 LHDs. Women's health nursing services returned Snapshot data in 11 LHDs. In the Far West, Women's Health nursing data is combined with that of Child and Family Health services.

The LHD programs providing data for the 2012 Snapshot are listed in Table 1.

Local Health Districts	Antenatal services	Alcohol and other drugs	Early childhood services	Mental health services	Women's health nursing	Additional programs[28]
Central Coast	✓	✓	✓	✓	×	×
Far West	✓	Combined with MH	✓	Combined with DA	×	×
Hunter New England	✓	✓	✓	✓	✓	×
Illawarra Shoalhaven	✓	✓	✓	✓	✓	×
Mid North Coast	✓	✓	✓	✓	✓	×
Murrumbidgee	✓	✓	✓	✓	✓	×
Nepean Blue Mountains	✓	✓	✓	✓	×	×
Northern NSW	✓	✓	✓	✓	✓	×
Northern Sydney	✓	✓	✓	✓	✓	×
South Eastern Sydney[29]	✓	✓	✓	✓	✓	✓
South Western Sydney	✓	✓	✓	✓	✓	✓
Southern NSW	✓	Combined with MH	✓	Combined with DA	✓	×
Sydney	✓	✓	✓	✓	✓	×
Western NSW	✓	✓	✓	✓	✓	×
Western Sydney	✓	✓	✓	✓	×	×

[28] Additional programs include sexual assault services and sexual health services.

[29] Data includes St Vincent's Hospital, Darlinghurst

Total Number of Eligible Women Presenting to a DVRS Service, November 2012

A total of 24,657 women were identified as 'eligible' for screening by all programs participating in the screening Snapshot in November 2012. As shown in Figure 1, Child and Family Health had the largest group of eligible women presenting to their services during the Snapshot period at a total of 12,222 women. This equates to approximately 50% of all eligible women presenting to DVRS services during the month of the Snapshot.

By service, this comprises:

- 12,222 in child and family health services
- 6,169 in antenatal services
- 4,112 in mental health services
- 1,063 in alcohol and other drugs services
- 86 in combined mental health and drug and alcohol services
- 783 in women's health nursing services
- 222 in additional programs

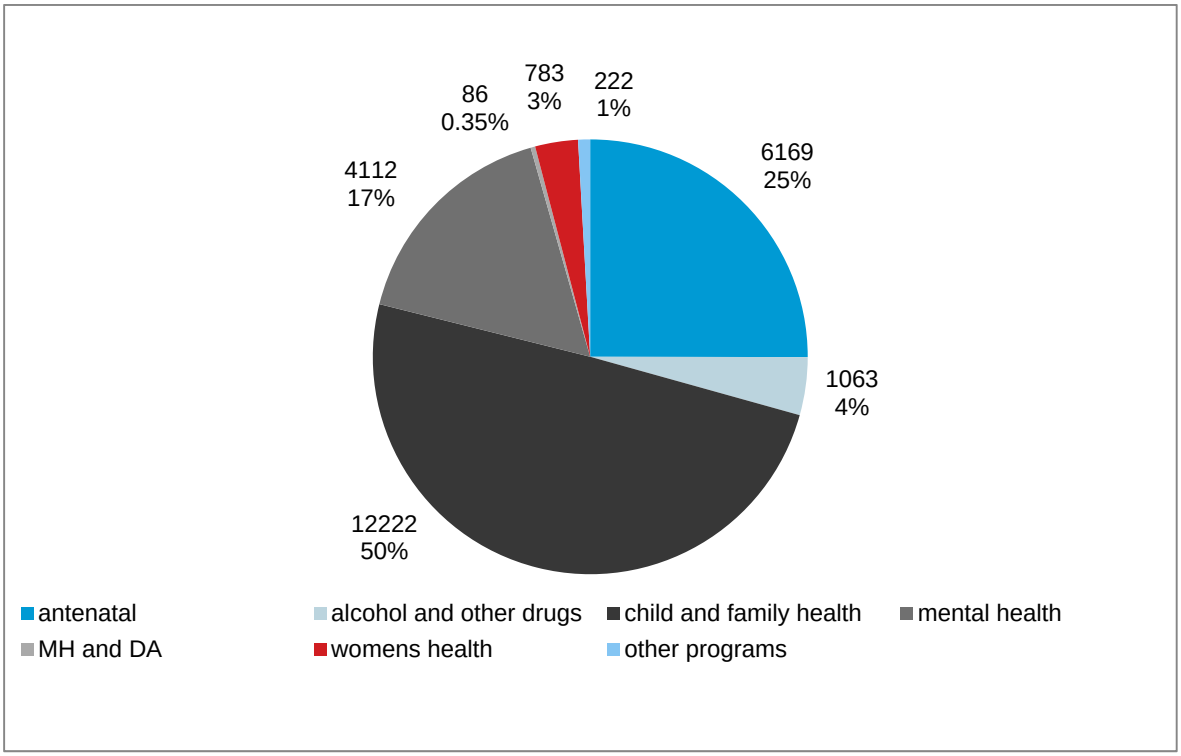

Figure 1: Screening conducted by program in LHDs in November 2012

Total Number and Percentage of Women Screened

The number of women screened by program is shown in Figure 2. In 2012 the number of women screened during the month of November for each program was:

- 5,493 in antenatal services
- 878 in alcohol and other drugs services
- 6,192 in child and family health services
- 1,392 in mental health services
- 679 women's health nursing services
- 222 in other services
- 57 in combined mental health and other drugs services[30].

[30] In Southern NSW LHD and Far West LHD there was a small number of women who were screened in combined mental health and drug and alcohol services. These LHDs were unable to separate this data into discreet 'alcohol and other drugs' and 'mental health' level data (see 'Other Programs', for more information).

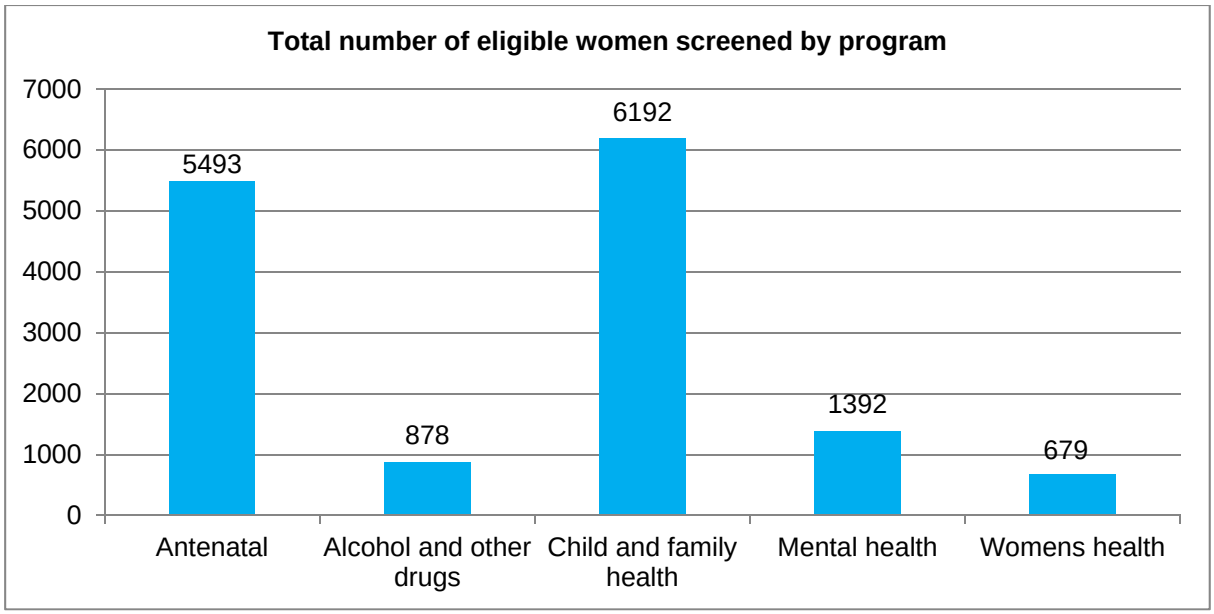

Figure 2: Number of eligible women screened by program in November 2012[31]'

N.B. 'Other' programs and the data from two combined MH and DA services are not included in Figure 2 due to small numbers, for more information, refer to 'Other programs'

The percentage of eligible women screened measures the number of women screened as a proportion of the number of eligible women presenting to a service. Of these eligible women 14,908 (60.5%) were screened.

Women screened as a percentage of eligible women attending programs is shown in Figure 2. The percentage varied by program with the highest percentage of women screened in antenatal services (89.0%) and the lowest percentage of women screened in mental health services (33.9%).

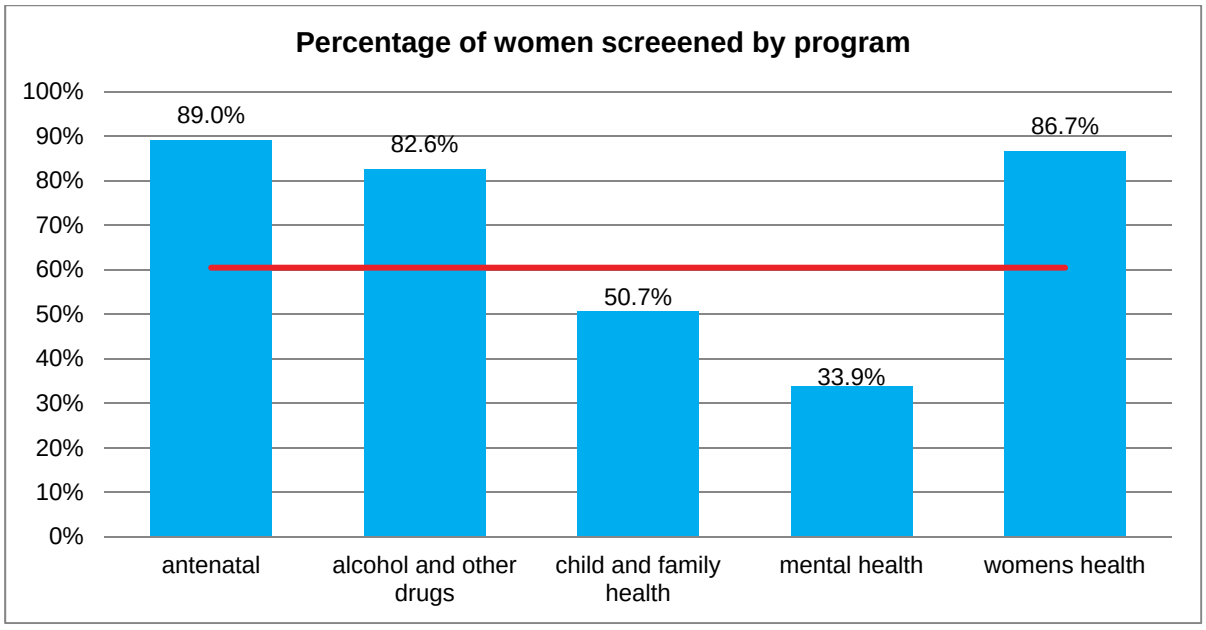

Figure 3: Percentage of eligible women screened by program in November 2012

[31] Other' programs data and the data from the combined MH/DA services are not included in the Figure 2, 3 and 4 due to the small number of screened women represented in this data set: n=217 and n=57 respectively. The combined MH/DA data has a very minimal impact on the overall program totals for drug and alcohol and mental health services in particular, as the number of women was small (n=57) in proportion to the numbers screened by alcohol and other drugs services (n=878) and mental health services (n=1,392).

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 all women screened across all programs, 813 (5.5%) 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), with a high level of identification across all mental health, drug and alcohol services. The lowest level of identification was in child and family health services. In the 'other program' category, 12 of 217 (5.5%) women identified domestic violence.

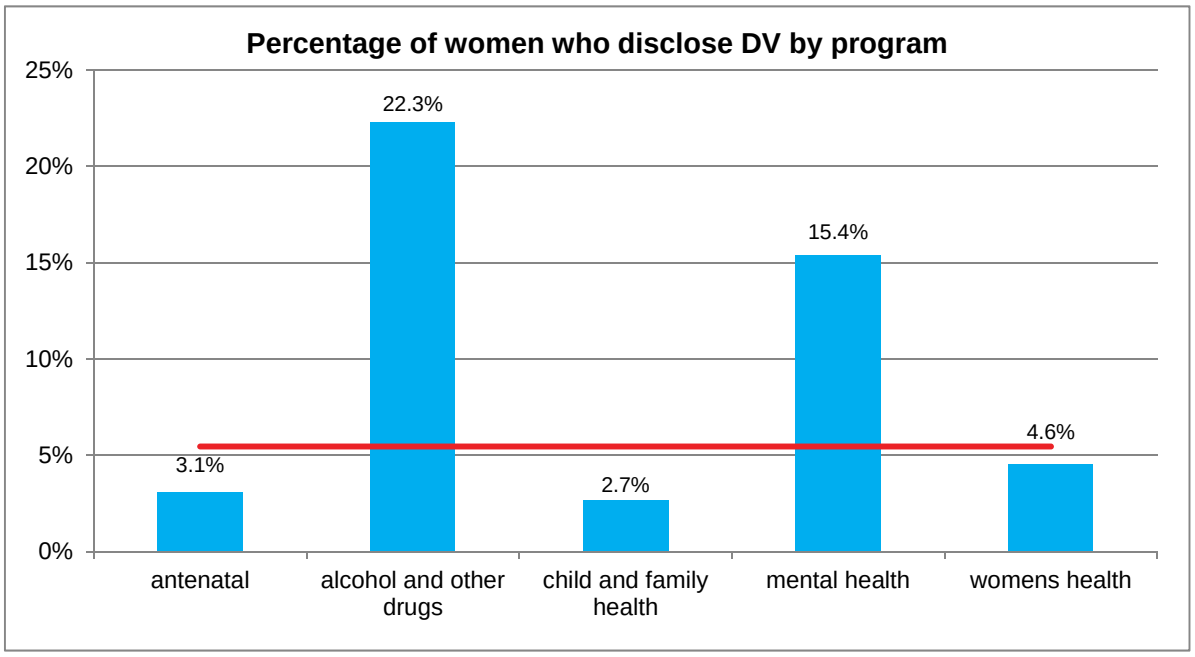

Figure 4: Percentage of women where domestic violence was identified by program in November 2012

N.B. 'Other' programs are not included in the Figure 4 due to the small number (n=217) of screened women

Actions Taken

'Actions taken' gathers information on the women who were screened where domestic violence was identified, whether they accepted an offer of assistance, and records the outcomes of those referrals.

229 (28.2%) women screened identified as victims of domestic violence and accepted the offer of assistance.

'Actions taken' shown in Figure 5 were as follows:

- 711 support given and options discussed - support may be given within the context of the routine screen to those women who have experienced domestic violence in the past, or who may be experiencing other types of non-intimate partner violence not measured by the DVRS tool, such as family violence. Therefore the total number of incidences of 'support given and options discussed' may be higher than the number of women who disclose an experience of violence within the last 12 months.
- 78 reports to Community Services comprising[32]:
    - 28 (35.9%) by antenatal services
    - 15 (19.2%) by child and family health services
    - 32 (41%) by mental health services
    - One (1.3%) by other services
- 53 notifications to Police comprising:
    - Five (9.4%) by antenatal services
    - Three (5.7%) by alcohol and other drugs services
    - Six (11.3%) by child and family health services
    - 35 (66%) by mental health services
    - Three (5.7%) by combined mental health and drug and alcohol services
    - One (1.9%) other service
- 199 other referrals.

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.

Within NSW Health, the largest number of referrals were made to social work (43), with 'absorbed into existing caseloads' (15) or referrals to counselling services (12) the next most frequent referral outcome. Referrals to services within NSW Health were made to:

- Social work (including the Emergency Department Social Worker)
- Mental Health (either in-patient or community)
- Safe Start[33]
- Child and Family Health Social Work/Psychology
- Midwives
- Child Wellbeing Unit, Drug and Alcohol Community Action Team (DACAT)
- Counselling (including generalist and specialist Domestic Violence counsellors)
- Outpatient withdrawal management
- Sexual Assault Service(s) (SAS)
- Multidisciplinary case discussions or
- Noted as being absorbed into existing caseload.

The highest number of referrals external to NSW Health was made to FACS (21) and women's refuges (18). Other referrals outside the NSW Health system were made to:

32 From 2010, the NSW Health Child Wellbeing Units were able to be contacted to provide support in identifying whether or not concerns constitute risk of significant harm, 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.

33 Safe Start is a NSW Health program that promotes an integrated approach to the care of women, their infants and families in the perinatal period: http://www0.health.nsw.gov.au/policies/gl/2010/pdf/GL2010_004.pdf.

- Women's refuges
- Private/non- government Organisation (NGO) Counsellor/Psychologist
- The Domestic Violence Counselling Line
- A telecommunications provider to bar number
- Police Domestic Violence Liaison Officer (DVLO)
- Staying Home Leaving Violence (SHLV)
- Brighter Futures
- Women's Health/Resource Centre
- Department of Family and Community Service
- Domestic Violence Service(s) (including advocacy)
- Other alternative accommodation
- A range of NGOs including: Centacare, Relationships Australia, Benevolent Society, Unifam, Operation Courage.

Referrals were also made to external healthcare providers including: Aboriginal Medical Service (AMS) Clinic, Drug and Alcohol addiction support, Community Paediatrician.

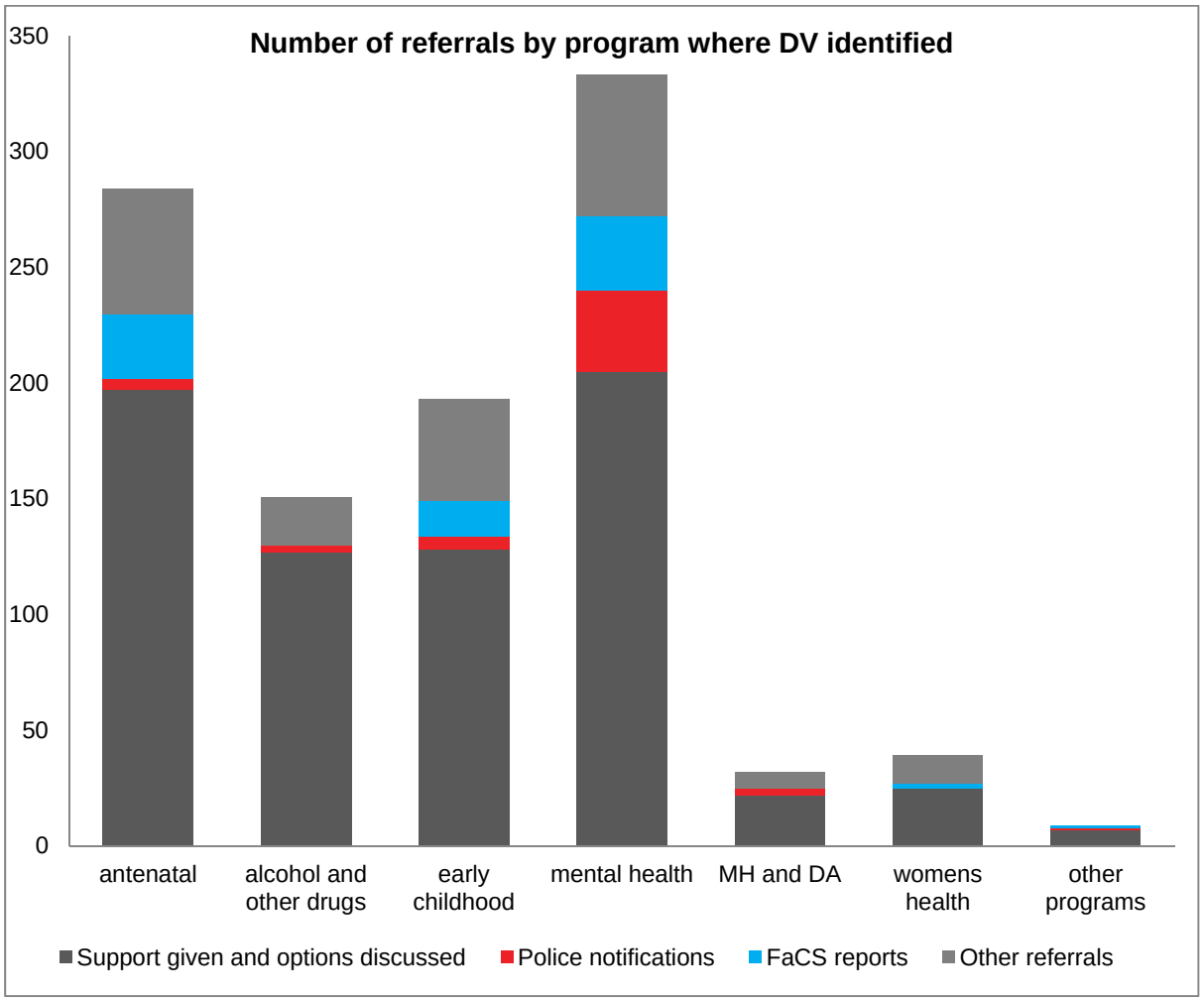

Figure 5: Number of referrals made by all programs in November, 2012

Reasons Provided for Not Screening

This is a measure of why eligible women were not screened.

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. Reasons given for not undertaking screening were broken down into:

- 2,641 (30%) presence of a partner
- 2037 (23%) presence of others
- 3871 (44%) other reason
- 203 (3%) declined to answer the questions.

Reasons for not screening provided in “Comments” were most often provided by Mental Health services, who noted the reasons for not screening include ‘no privacy’, ‘emergency presentation’, ‘patients being too ill, distressed and/or unstable’. Others noted that women were not screened due to concurrent contact with other mental health services.

One antenatal service noted that screening had not been conducted in November of 2012 due to difficulties filling vacant positions appropriately. Others noted that screening was not completed because there was no DVRS screening forms on file, screening tools marked N/A or crossed out with nil at bottom or left blank.

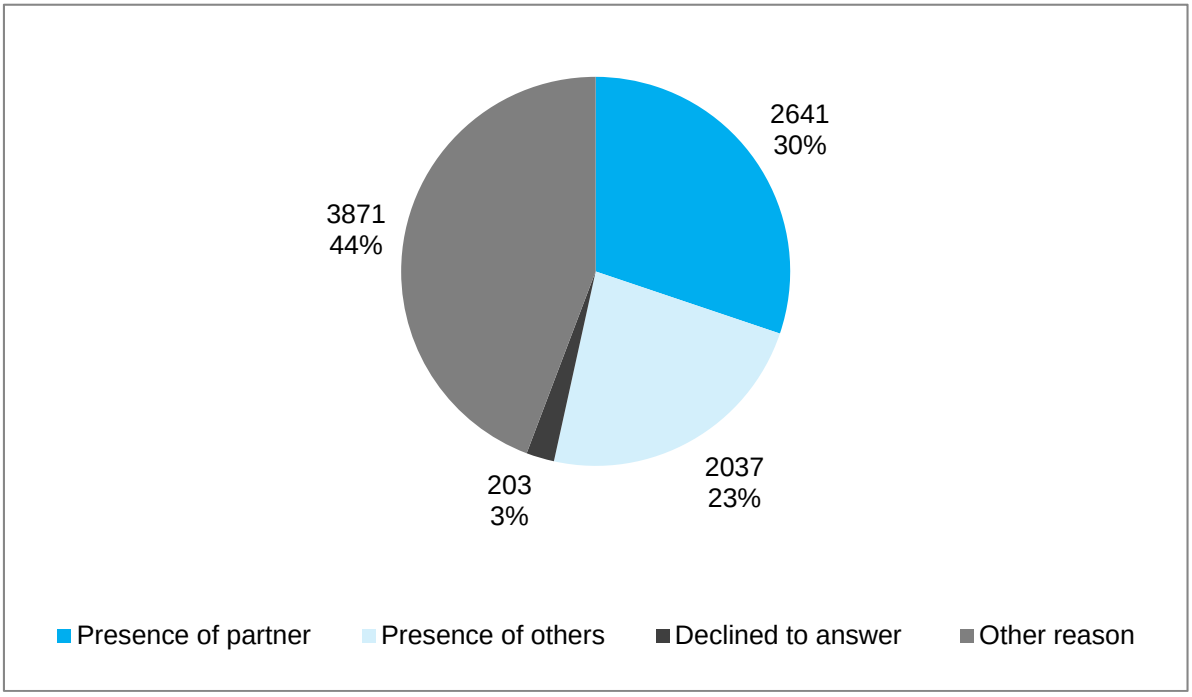

Figure 6: Reasons provided for not completing screening in November 2012

RESULTS BY TARGET PROGRAMS

Antenatal Services

Antenatal services in all LHDs screen for domestic violence.

6,169 eligible women attended antenatal services, of which 5,493 (89%) were screened.

The percentage of women screened across LHDs included 102% in South West Sydney LHD as South West Sydney counted repeat screenings during the course of women's antenatal care.

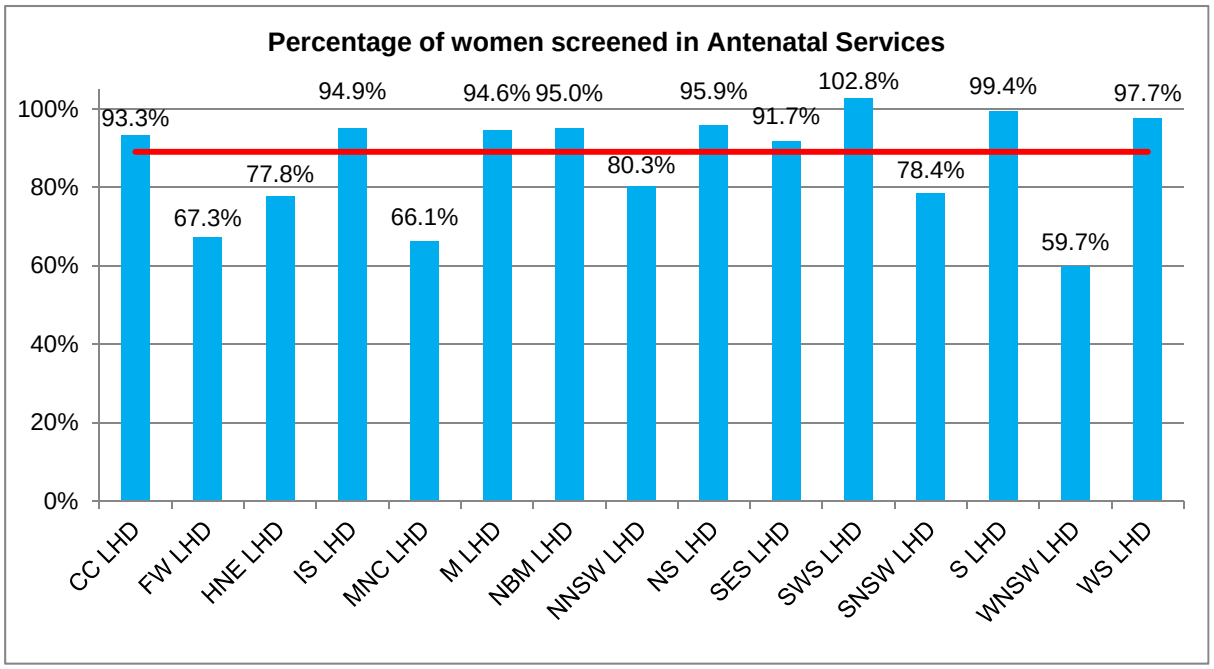

Figure 7: Percentage of eligible women screened in antenatal services, November 2012 by LHD

171 (3.1%) of screened women were identified as having experienced domestic violence in the previous 12 months. Identification rates varied from 24.3% in Far West LHD to 0% in Southern NSW LHD as shown in Figure 8.

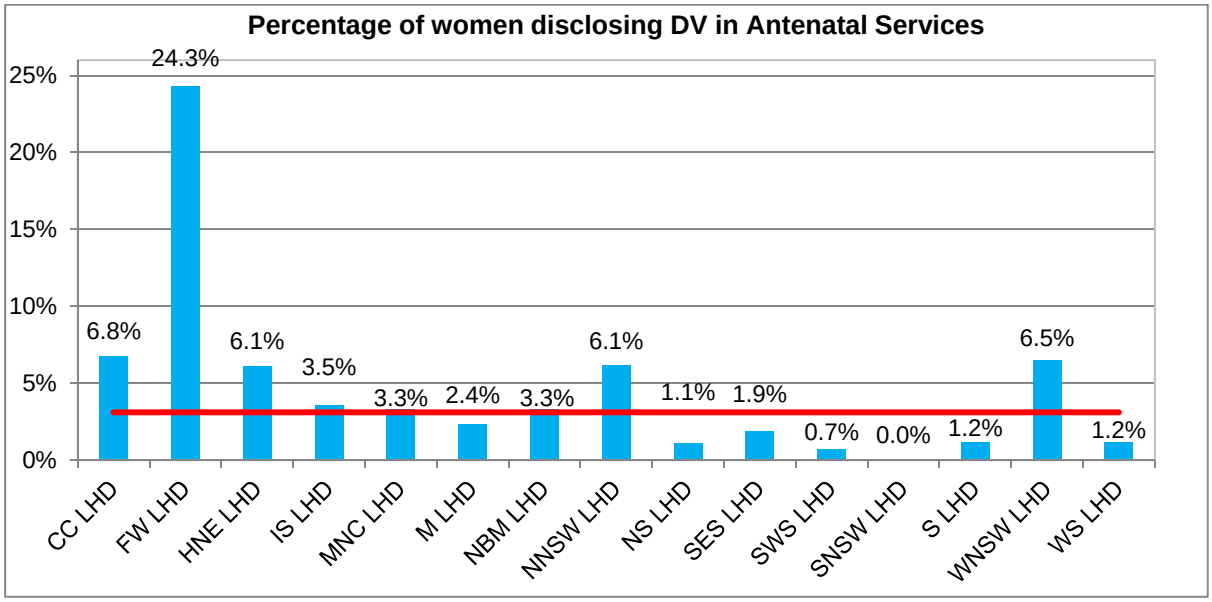

Figure 8: Percentage of women who disclosed domestic violence in antenatal services in November 2012 by LHD

43 (25.14%) of the women identified as having experienced domestic violence, accepted an offer of assistance. Women may be the subject of more than one of these actions and will be counted in more than one category. 'Actions taken' shown in Figure 9 comprised:

- 197 support given and options discussed - as noted previously, support may be given within the context of the routine screen to those women who have experienced domestic violence in the past, or who may be experiencing other types of non-intimate partner intimate violence not measured by the DVRS tool, such as family violence. Therefore the total number of incidences of 'support given and options discussed' may be higher than the number of women who disclose an experience of violence within the last 12 months.
- 28 reports to Family and Community Services
- Five notifications to NSW Police Force
- 54 other referrals

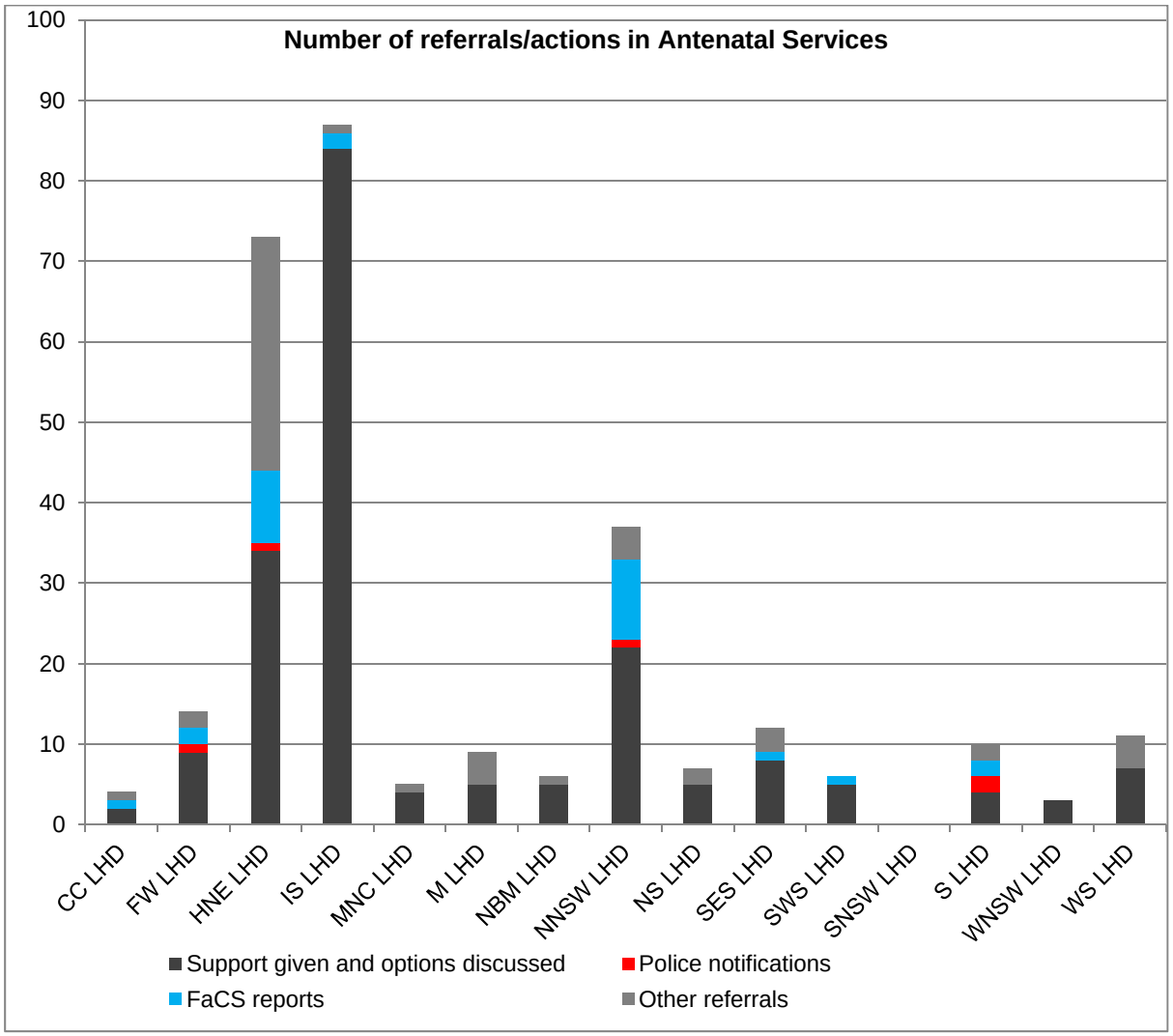

Figure 9: Number referrals/actions taken in antenatal services November 2012 by LHD

The presence of another person at screening was recorded in 220 occasions (33%) in antenatal services. The most frequently given reason for not screening was listed as 'Other reason' in 341 instances (51%).

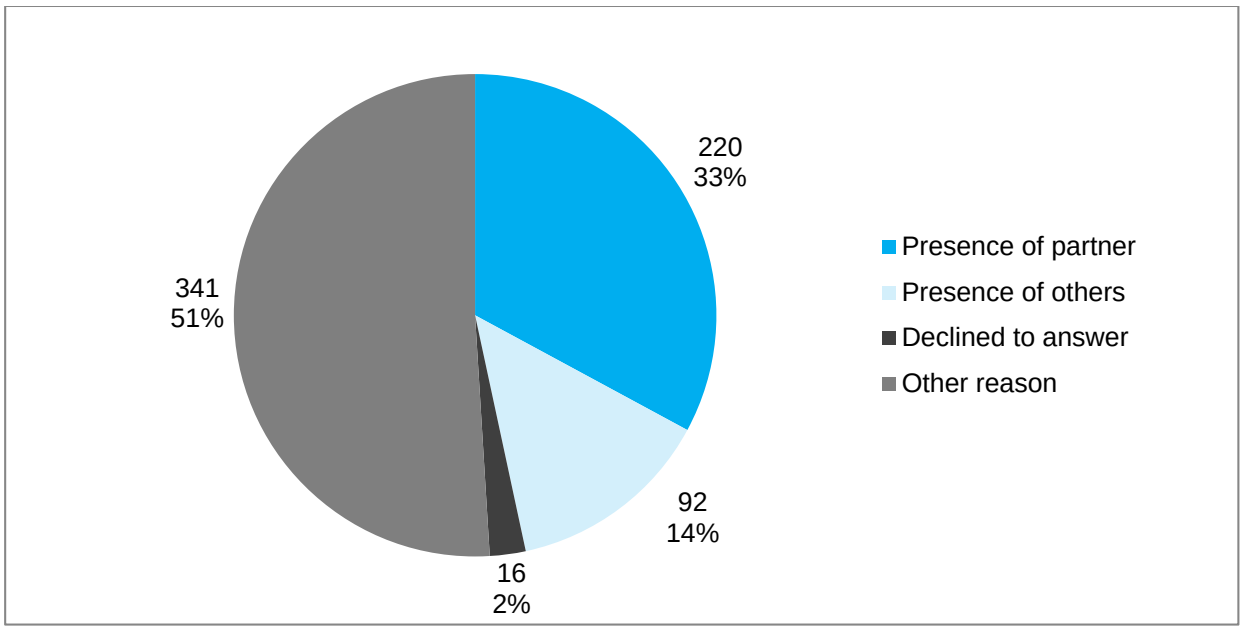

Figure 10: Reasons provided for not screening in antenatal services in November, 2012

Alcohol and Other Drugs Services

Alcohol and other drugs services in all LHDs screen for domestic violence.

Of the 1,063 women attending these services during the Snapshot period, 878 (82.6%) were screened. Screening rates varied from 100% in Illawarra Shoalhaven LHD, Mid North Coast LHD and Western NSW LHD to 12.5% in Far West LHD as shown in Figure 11.

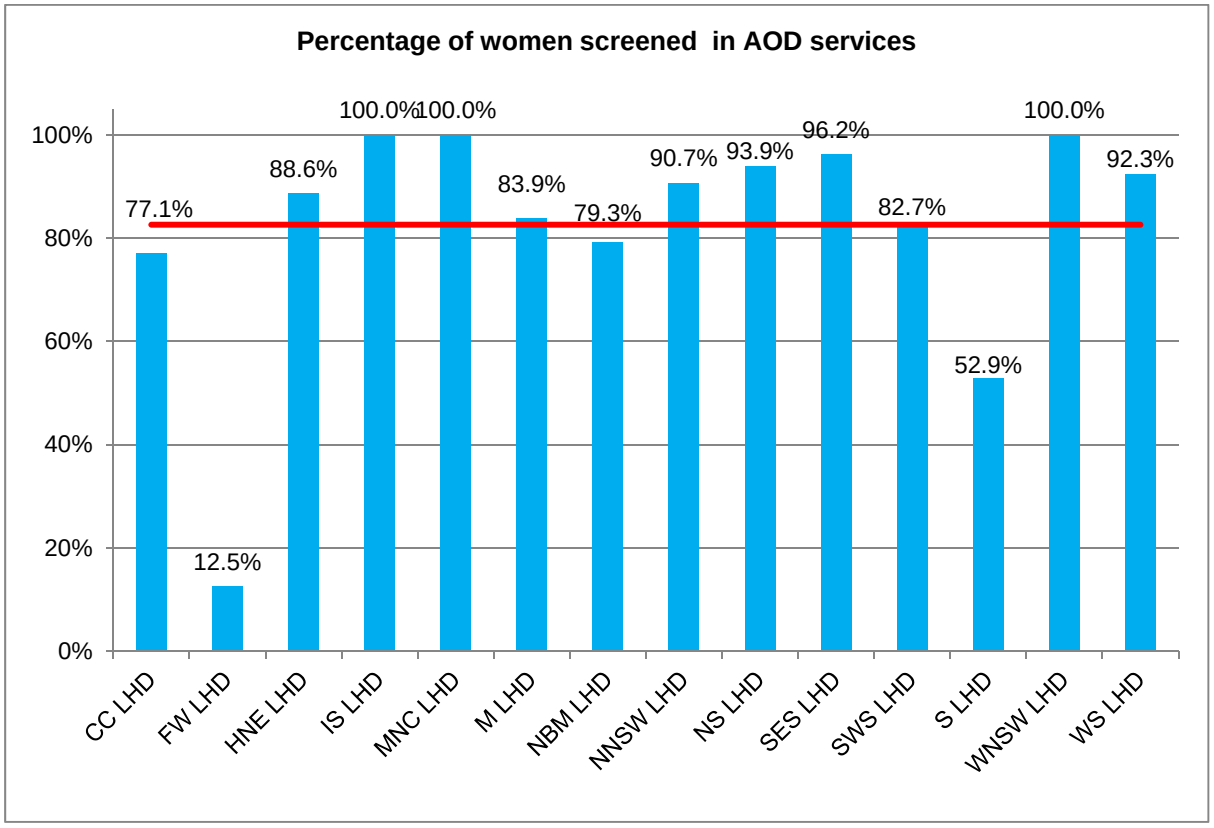

Figure 11: Percentage of eligible women screened in alcohol and other drugs services in November 2012 by LHD

196 (22.3%) of the women screened by the alcohol and other drugs program identified as having experienced domestic violence in the previous 12 months.

Identification rates varied across LHDs from 42.7% in Illawarra Shoalhaven LHD to 0% in Far West LHD as shown in Figure 12.

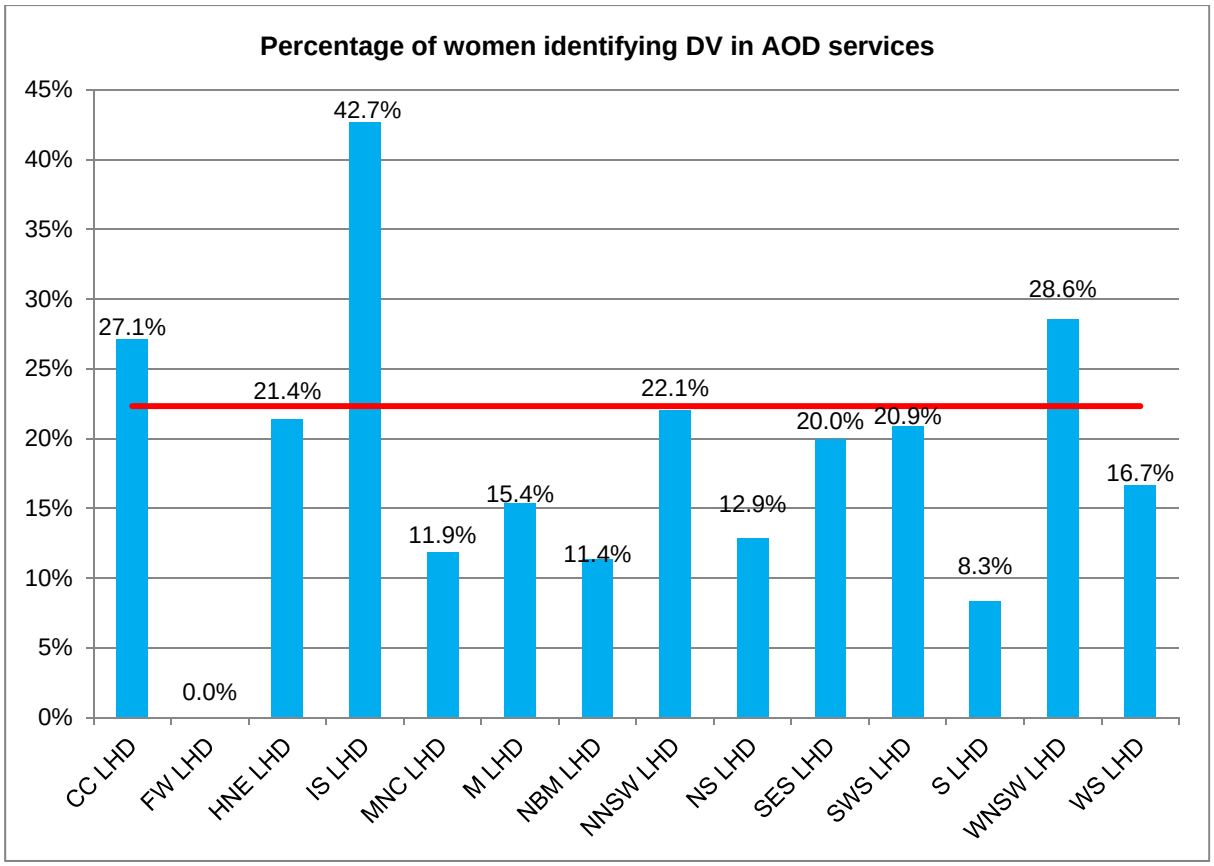

Figure 12: Percentage of women where domestic violence was identified in alcohol and other drugs services in November 2012 by LHD

34 (17.34%) of screened women who were identified as having experienced domestic violence accepted an offer of assistance. Women may be the subject of more than one of these actions and will be counted in more than one category. 'Actions taken' shown in Figure 13 comprised:

- 127 support given and options discussed - as noted previously, support may be given within the context of the routine screen to those women who have experienced domestic violence in the past, or who may be experiencing other types of non-intimate partner intimate violence not measured by the DVRS tool, such as family violence. Therefore the total number of incidences of' support given and options discussed' may be higher than the number of women who disclose an experience of violence within the last 12 months.
- No reports to Community Services
- Three notifications to Police
- 21 other referrals

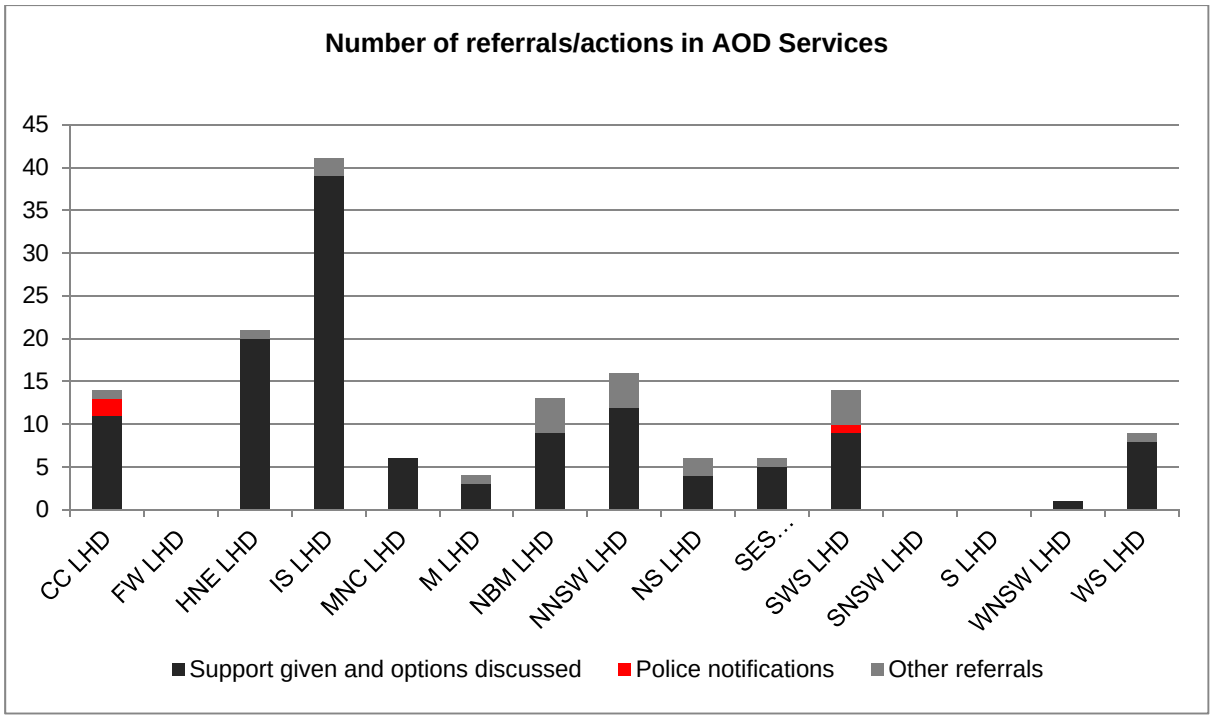

Figure 13: Number of referrals/actions taken in alcohol and other drugs services in November 2012 by LHD

As shown in figure 14, the most common reason given for not screening was 'other reasons n=125, 67.0%), as shown in Figure 14. '

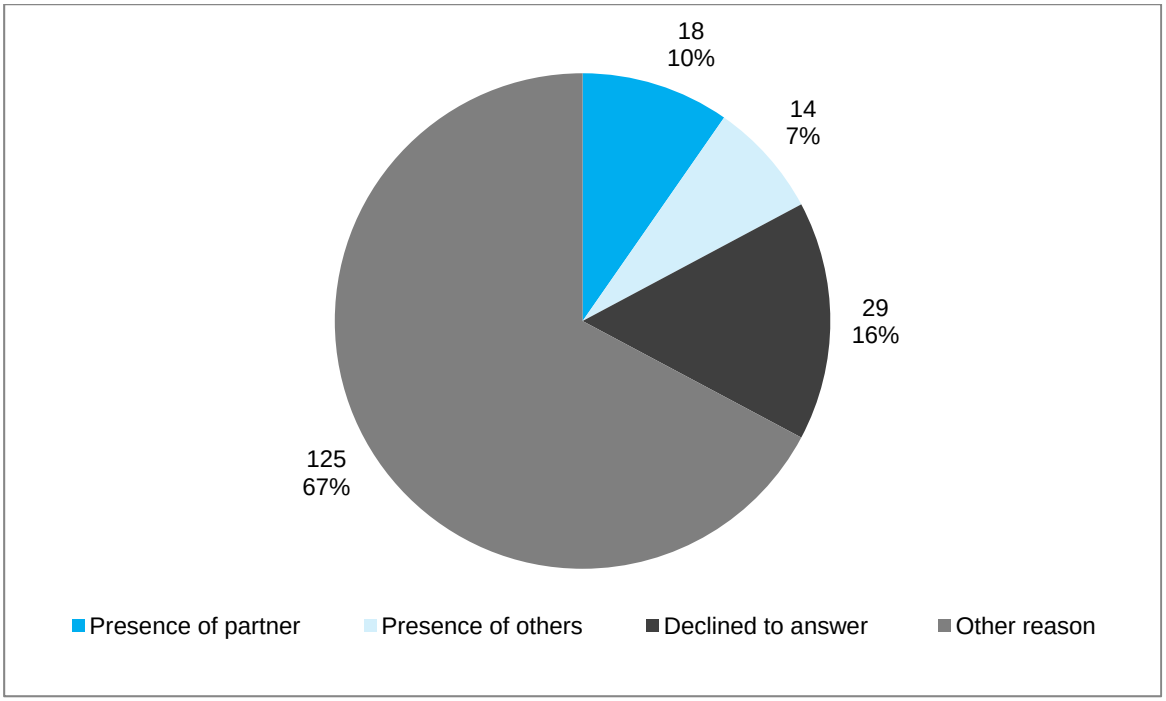

Figure 14: Reasons for not screening in alcohol and other drugs services in November 2012

Child and Family Health Services

Child and family health services in all LHDs screen for domestic violence.

12,222 eligible women attended early childhood services during the Snapshot period. 6192 (50.7%) of these women were screened.

The screening rate varied from 74.6% in South East Sydney LHD to 24.7% in Western Sydney LHD as shown in Figure 15.

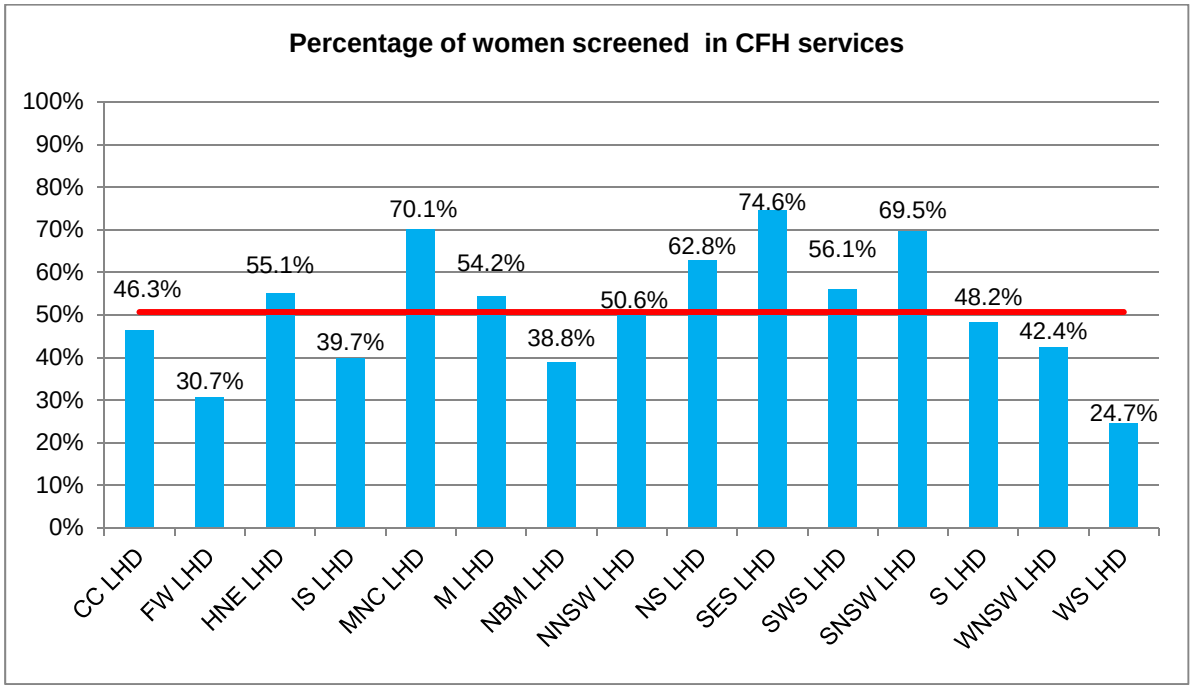

Figure 15: Percentage of eligible women screened in child and family health services in November 2012 by LHD

Of all eligible women screened 167 (2.7%) were identified as having experienced domestic violence in the previous 12 months.

Identification rates varied across LHDs from 18.5% in Far West LHD to 0.7% in Western Sydney LHD as shown in Figure 16.

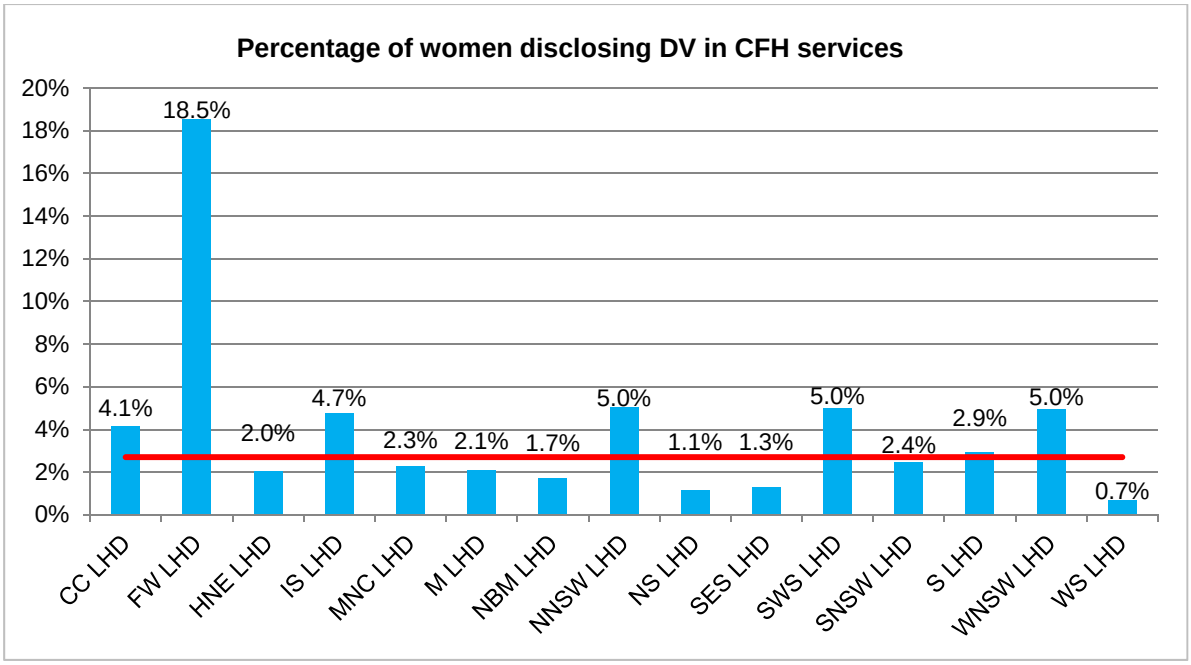

Figure 16: Percentage of women where domestic violence was identified violence in early childhood services in November 2012 by LHD

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

'Actions taken' are shown in Figure 17. Women may be the subject of more than one of these actions and will be counted in more than one category:

- 128 support given and options discussed - as noted previously, support may be given within the context of the routine screen to those women who have experienced domestic violence in the past, or who may be experiencing other types of non-intimate partner intimate violence not measured by the DVRS tool, such as family violence. Therefore the total number of incidences of' support given and options discussed' may be higher than the number of women who disclose an experience of violence within the last 12 months.
- 15 reports to Community Services
- Six notifications to Police
- 44 other referrals

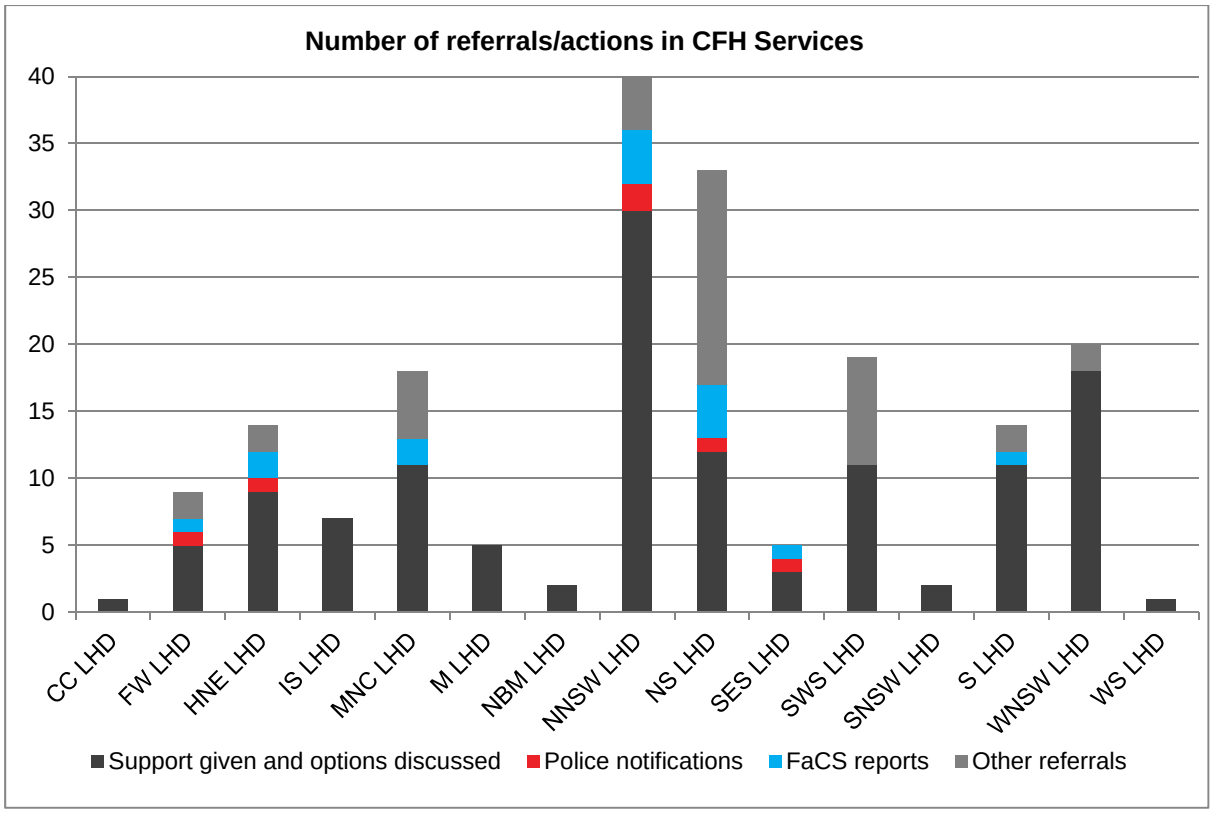

Figure 17: Number of actions taken in child and family health services in November 2012 by LHD

The presence of partner at screening accounted for 2,337 (37%) of the 'reasons for not screening' in child and family health services as shown in Figure 18.

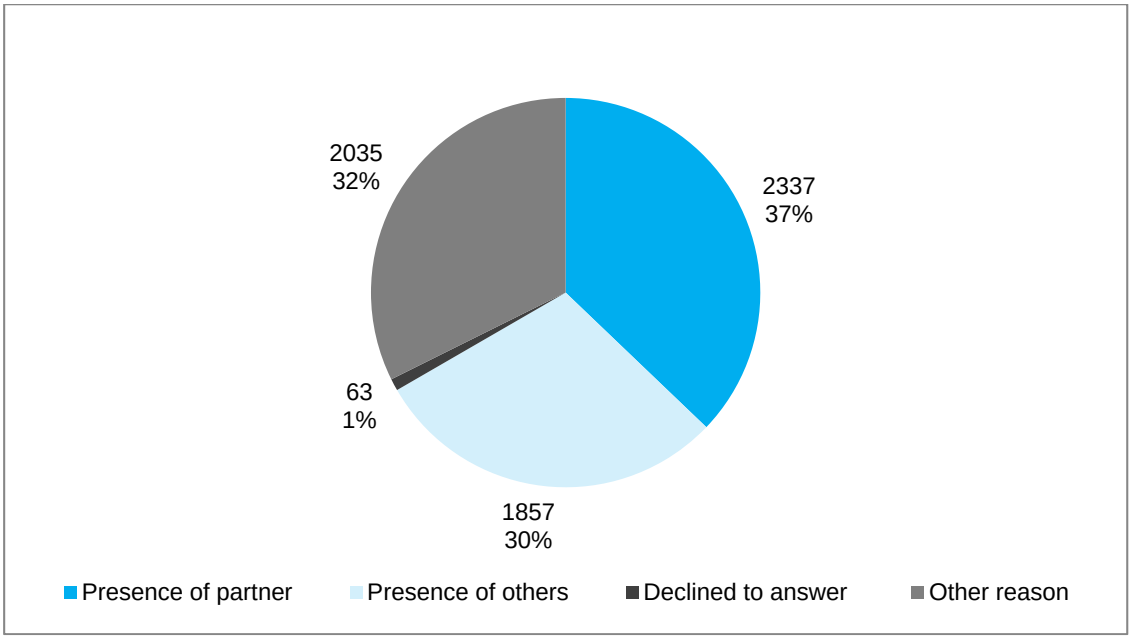

Figure 18: Reasons for not screening in child and family health services November 2012

Mental Health Services

Mental health services in all LHDs screen for domestic violence.[34]

4,112 women attending these services during the Snapshot period were eligible for screening. Of these 1,392 (33.9%) were screened. Screening rates range from approximately 82% in Mid North Coast and Western NSW LHD to 13.8% in South West Sydney LHD as shown in Figure 19.

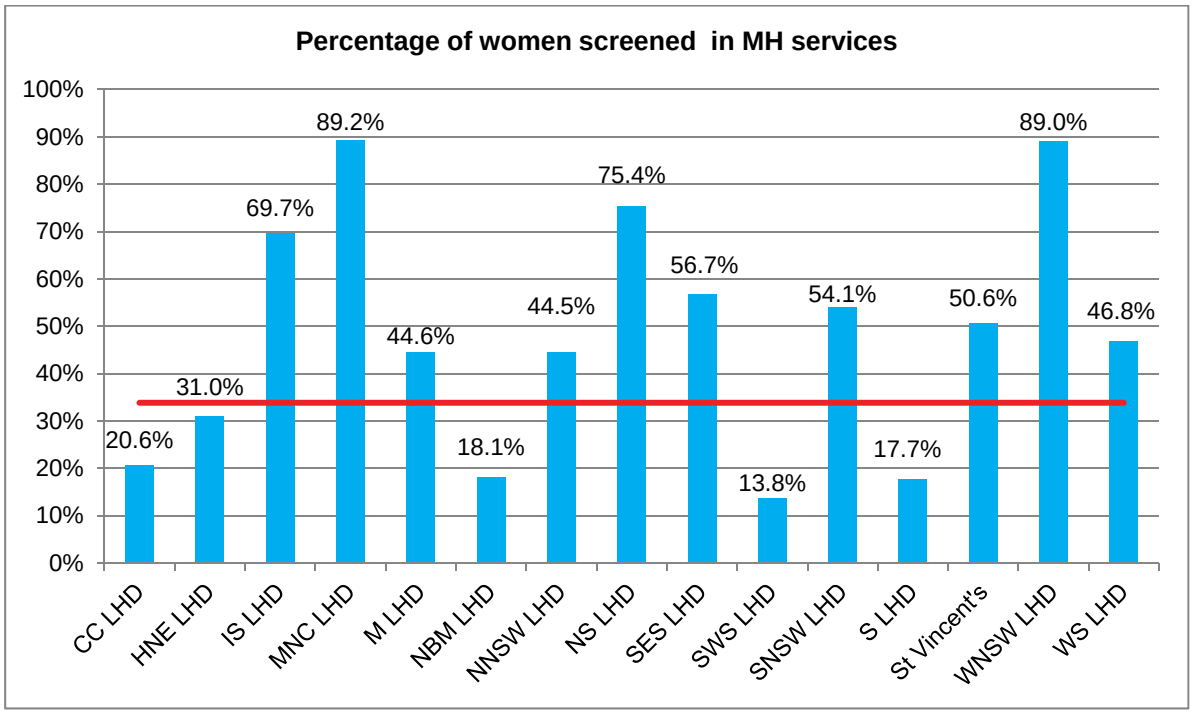

Figure 19: Percentage of eligible women screened in mental health services in 2012 by LHD

214 (15.4%) women screened in mental health services identified as having experienced domestic violence in the previous 12 months.

34 In two LHDs, Far West and Southern LHD, some combined Mental Health and Drug and Alcohol services are reported separately. This does not significantly impact on the Mental Health program totals as the numbers are small (n=57).

The percentages of women screened who identified as having experienced domestic violence varied across LHDs from 20.7% in Hunter New England LHD to nil in Sydney LHD as shown in Figure 20.

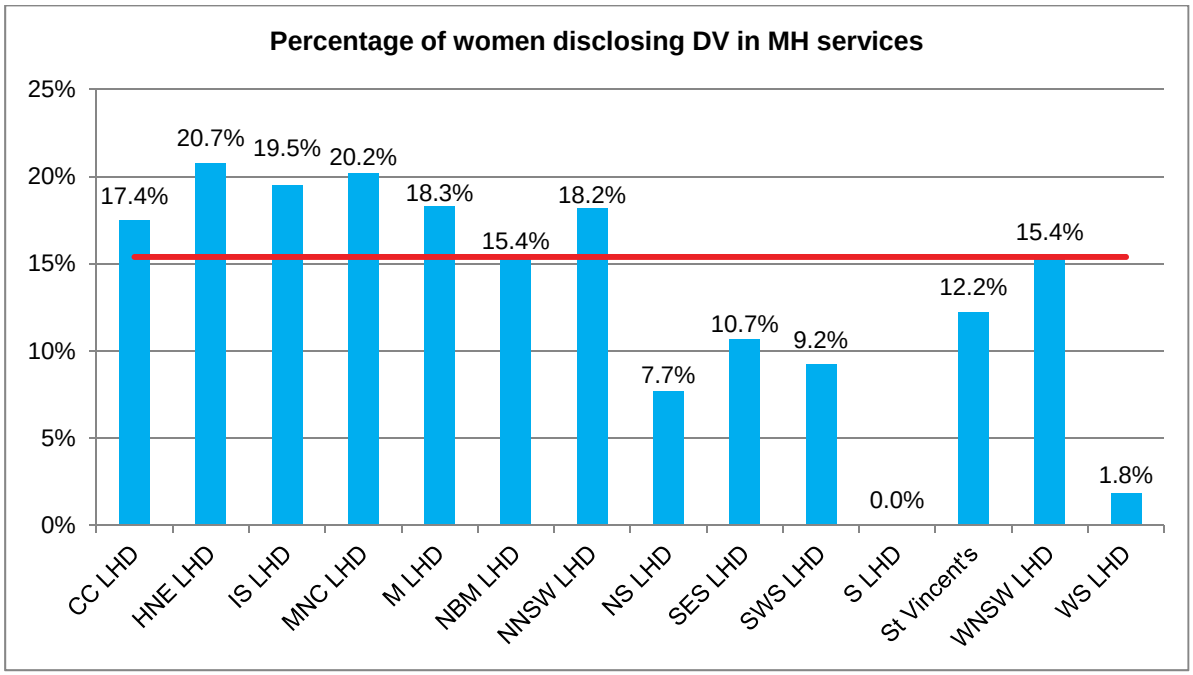

Figure 20: Percentage of women where domestic violence was identified in mental health services in 2012 by LHD

89 (41.5%) women who identified as having experienced domestic violence accepted an offer of assistance. As shown in Figure 21, women may be the subject of more than one of these actions and will be counted in more than one category. There were:

- 205 support given and options discussed – as noted previously, support may be given within the context of the routine screen to those women who have experienced domestic violence in the past, or who may be experiencing other types of non-intimate partner violence not measured by the DVRS tool, such as family violence. Therefore the total number of incidences of 'support given and options discussed' may be higher than the number of women who disclose an experience of violence within the last 12 months.
- 32 reports to FACS
- 25 notifications to Police
- 61 other referrals

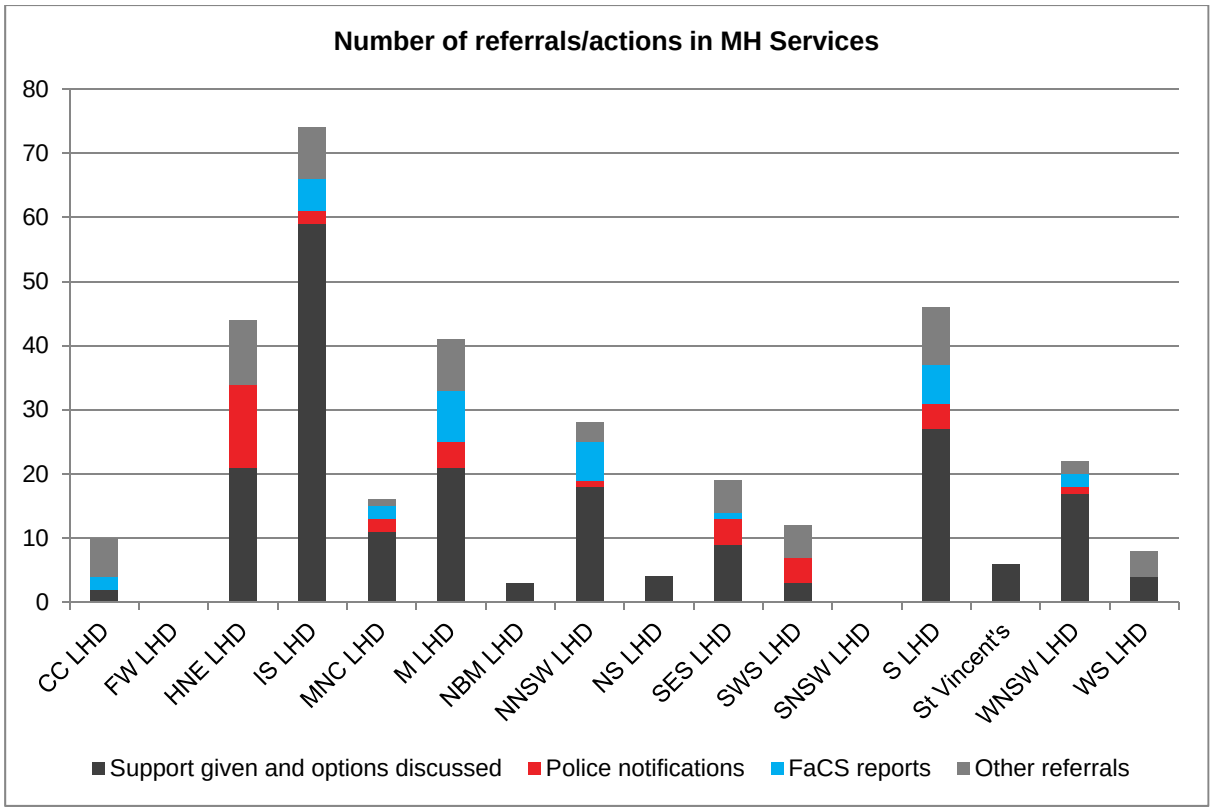

Figure 21: Number of actions taken in mental health services in November 2012 by LHD

Other, undocumented reasons account for 86% of reasons for not screening in Mental Health services.

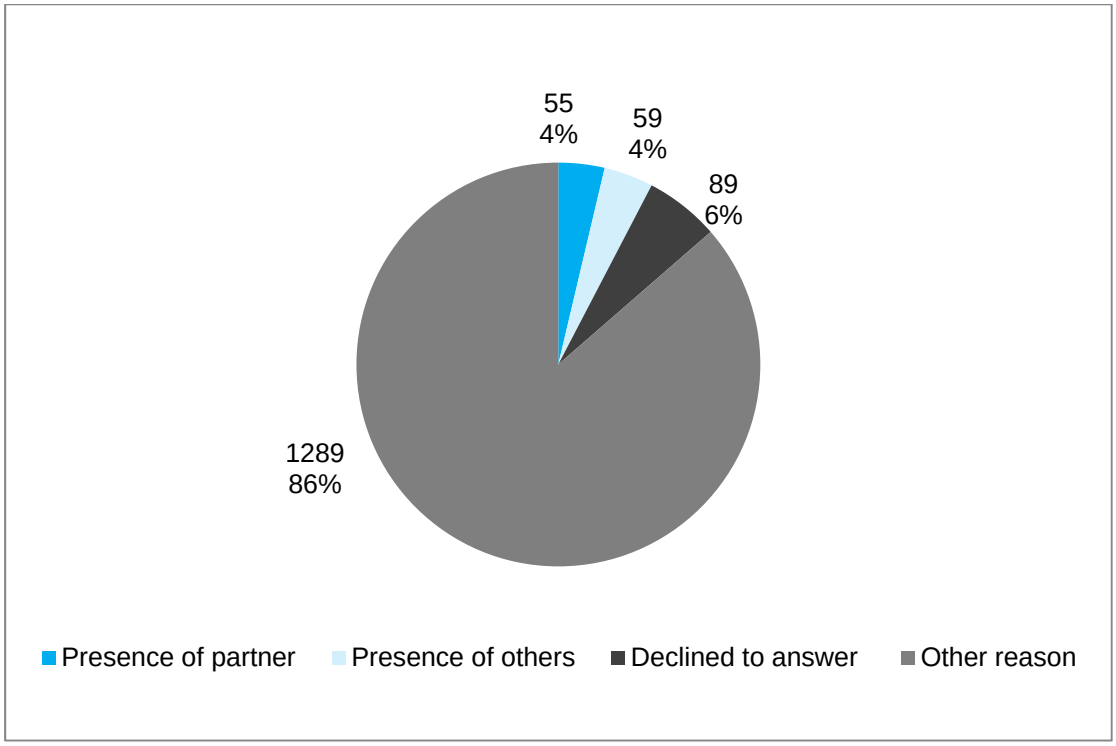

Figure 22: Reasons for not screening in mental health services November 2012

RESULTS IN ADDITIONAL PROGRAMS

Many LHDs have elected to introduce screening into other service streams. Combined mental health and drug and alcohol services conduct routine screening in two rural LHDs. This data is reported as a combined total in 2012 as it was unable to be divided into separate Mental Health and Drug and Alcohol data by those services.

Combined Mental Health and Drug and Alcohol

Two rural LHDs have combined Mental Health and Drug and Alcohol services, which requires that this data be reported separately to other Mental Health and/or Drug and Alcohol service totals.

- 86 women attending these services during the Snapshot period were eligible for screening. Of these 57 (66.3%) were screened
- 22 (38.5%) women identified as having experienced domestic violence in the previous 12 months
- 3 (13.6%) women where domestic violence was identified accepted assistance.

Women's health services

Eleven LHDs have implemented screening in women's health services and participated in the 2012 Snapshot.

783 eligible women attended women's health services during the Snapshot period. Of these eligible women, 679 (86.7%) were screened. Screening rates varied from 100% in South East Sydney and South West Sydney LHDs to 66.2% in Southern NSW and Sydney LHDs as in Figure 23.

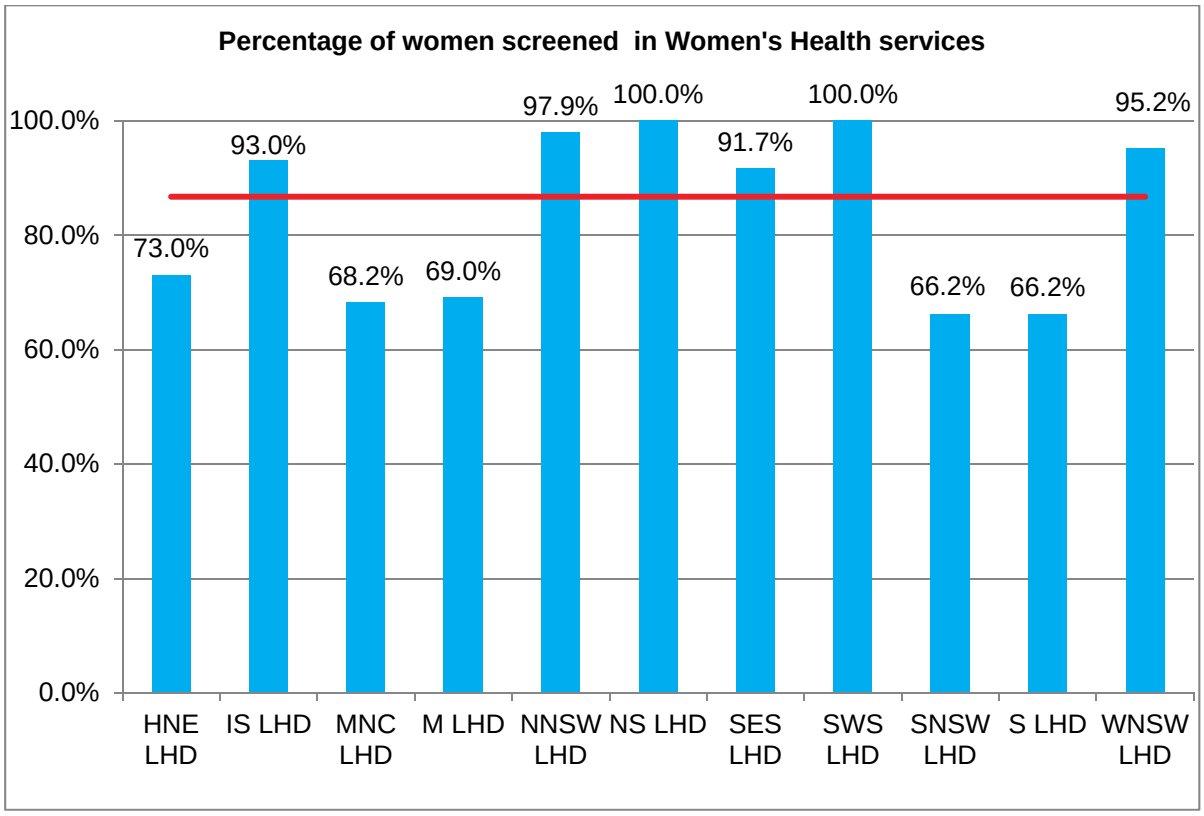

Figure 23: Percentage of eligible women screened in women's health nursing in 2012 by LHD

31 (4.57%) 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.

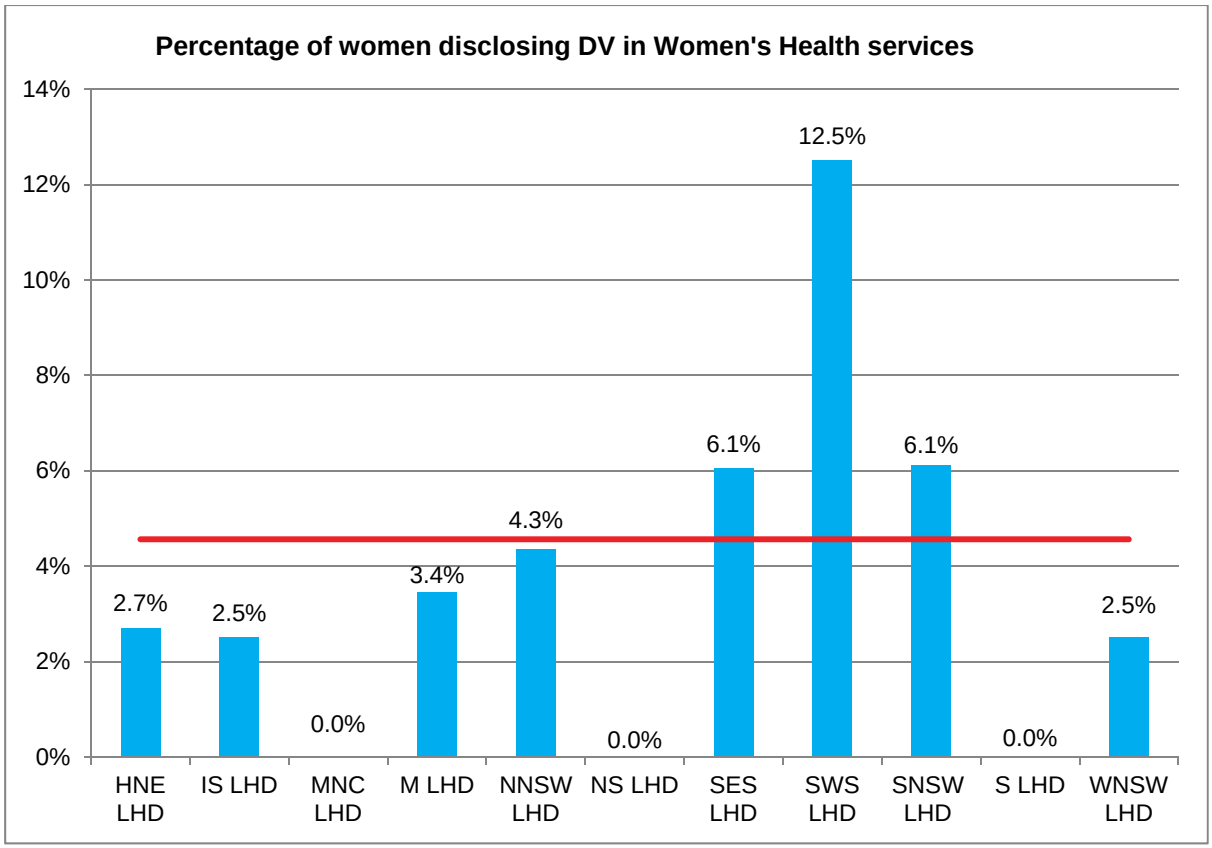

Figure 24: Percentage of women where domestic violence identified in women's health services in 2012 by LHD.

Six (19.35%) women where domestic violence was identified accepted assistance. As women may be the subject of more than one referral and will be counted in more than one category, the 'Actions taken' comprised:

- 25 support given and options discussed - as noted previously, support may be given within the context of the routine screen to those women who have experienced domestic violence in the past, or who may be experiencing other types of non-intimate partner violence not measured by the DVRS tool, such as family violence. Therefore the total number of incidences of' support given and options discussed' may be higher than the number of women who disclose an experience of violence within the last 12 months.
- Two referrals to Community Services
- 12 other referrals

South East Sydney Sexual Assault and Sexual Health Services

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

222 eligible women attended these services, of which 217 (97.7%) were screened during the Snapshot period.

12 (5.5%) woman screened identified as having experienced domestic violence in the previous 12 months.

Seven instances were recorded of support given and options discussed, one notification to Police and one referral to Community Services were made.

LESSONS FOR PRACTICE

Routine screening remains a crucial component of NSW Health's response to domestic violence. DVRS is one of the deliverables articulated in the LHD Service Agreements, by which performance is measured to facilitate improved service delivery.

The work of the NSW Health, Education Centre Against Violence (EACV) plays a crucial statewide role in supporting LHDs to implement DVRS, through delivering high quality training programs and therapeutic and information resources for professionals on domestic and Aboriginal family violence[35].

NSW Kids and Families acknowledge that LHDs will tailor the implementation of DVRS to align with their LHD's priorities and staff profile. Ultimately, the effectiveness of the DVRS relies on the hard work of the staff in LHDs who implement the NSW Health Domestic Violence Policy.

The Snapshot results from 2003 to 2012 demonstrate that there is more to be done to ensure greater consistency of the program. In 2012 Mental Health services, for example, screened at the lowest rate of 33.9% (down from 56% in 2011), despite evidence of the high prevalence and incidence of domestic violence for women accessing mental health services.

NSW Kids and Families consider the following elements are critical to the successful implementation of DVRS:

- Executive Sponsorship – high level leadership to facilitate the delivery and participation in training, and to ensure the quality and outcomes of the program remain high across all target services, particularly those where the level and outcomes of screening are low or are diminished from previous year's results
- A focus on training – regular training, including at induction, for all staff. Training should equip staff with a greater understanding of the complex dynamics of domestic violence, including perpetrator tactics and the difficulties women face when leaving violence. Training must also enable staff to respond to difficult questions and comments when they arise. Safety planning and dealing with vicarious trauma for staff should be considered when developing training strategies. Staff participation at ECAV's annual DVRS Forum should be supported
- Referral pathways – develop LHD specific resources to ensure that those women who disclose domestic violence are referred to the most appropriate and accessible services, with safety planning initiated in high risk cases as appropriate
- Link to child protection policy – where children are involved, the safety of the children must be paramount. All staff should be aware of the 2006 amendment regarding children (see "Introduction"), and of their obligations under the *Child Wellbeing and Child Protection Policies and Procedures for NSW Health*. Staff should be encouraged to contact Child Wellbeing Units when additional support is required
- Information sharing – staff should be familiar with how and when information can and should be shared, particularly where there are children involved.

Moreover, in 2010 Jo Spangaro and Anthony Zwi (UNSW) conducted an evaluation of the DVRS program in their report entitled 'After the Questions'[36]. The evaluation should be a key resource for all those involved in the implementation of routine screening. The researchers are undertaking further research into what supports Aboriginal women to disclose domestic violence during routine screening[37].

Moving forward, NSW Kids and Families is in the process of developing a revised, evidence based NSW Health Domestic Violence policy, inclusive of DVRS. The policy will build on the achievements of DVRS to date, and will ensure that NSW Health is well-positioned to participate in interagency reforms under the NSW Domestic and Family Violence Reforms[38].

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[35] For more information on the full range of ECAV's services see: www.ecav.health.nsw.gov.au/

[36] http://www0.health.nsw.gov.au/resources/nswkids/pdf/dvrs_doh_report_after_the.pdf

[37] http://positivelyremarkable.wordpress.com/2013/05/01/38/

[38] http://www.women.nsw.gov.au/violence_prevention/Domestic_and_Family_Violence_Reforms

APPENDIX 1: 2003 - 2012 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%
2012	24,657	14,908	60.5%	813	5.5%	839	103.2%[39]	229	28.2%

[39] In 2012 the numbers of women who answered Q3 of the screening tool, "are you safe to go home today?", was higher than the number of women who disclosed domestic violence as elicited by answering 'yes' to the following questions: "Q1. Within the last year have you been hit, slapped or hurt in other ways by your partner or ex-partner?" or "Q2. Are you frightened of your partner or ex-partner?". This result suggests that clinicians ask question 3 even though a woman has already responded 'no' to questions one or two. Clinicians are therefore likely to be eliciting responses that reflect a broader interpretation of the screening tool's application to capture other incidences where women may experience fear.

Action taken by NSW Health staff as a result of a disclosure of domestic violence

Year	Number of NSW Health referrals/notifications to NSW Police	Number of NSW Health referrals/notifications to FACS	Number of other referrals made by NSW Health	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
2012	53	78	199	107	117

Reasons screening not completed[40]

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%
2012	30%	23%	3%	44%

40 Calculations on 'reasons for not screening' are based on the actual reasons provided by 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.

APPENDIX 2: 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:

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 _____

APPENDIX 3: DATA COLLECTION FORM 2012

Routine Screening for Domestic Violence: Snapshot 9: 1 - 30 November 2011

Local Health District:

Program

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 - Community Services 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 *only***

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

Comments:

APPENDIX 4: DATA COLLECTION GUIDELINES

ROUTINE SCREENING FOR DOMESTIC VIOLENCE
GUIDELINES FOR DATA COLLECTION SNAPSHOT 9: 1 - 30 NOVEMBER 2012

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, child and family 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 LHDs 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 2012 snapshot will occur from **1 - 30 November 2012** inclusive.

Each screening facility is asked to complete the attached data collection proforma and submit to the nominated contact person in the LHD for collating into program areas and sign-off. Collated data is to be forwarded to the Department by **6 March 2013**.

For further information or an electronic format (Excel), please contact Tamsin Anderson, Senior Policy Officer, NSW Department of Health on 9391 9884 or tande@doh.health.nsw.gov.au

Explanatory Notes for completing data snapshot, November 2012 proforma:

1. Facilities will need to develop their own data gathering strategy e.g. concurrent data collection, file audit, CHIME.
2. Whole numbers only are required.
3. '*Program*' refers to the broad program area. LHDs should complete a collated form for each program. Please ensure the program areas are clearly and separately defined i.e. the screening target programs of Child and family 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, e.g. within community health or hospital services, please note the program area of these other services.
4. '*Facility*' refers to the specific service or site e.g. 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, e.g. 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 though 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 <u>not commenced</u>, as well as circumstance in which the screening process was <u>not completed</u>. 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 e.g. 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 e.g. 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.

APPENDIX 5: LOCAL HEALTH DISTRICT ABBREVIATIONS

Abbreviation	Name
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	Measures responses to women who were screened Includes support given and options discussed, Police notifications, Department of Community Services (now Community Services) reports, and other referrals Individual women may be in more than one category and therefore counted more than once. Action taken is only to be completed when domestic violence was identified, not for other reasons
Additional programs	Includes sexual assault services, sexual health services and youth health services
Area Health Service (AHS)	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. The eight Area Health Services were: • Greater Southern • Greater Western • Hunter New England • North Coast • Northern Sydney Central Coast • South Eastern Sydney Illawarra • Sydney South West • Sydney West
Domestic violence	NSW Health definition: "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."
Local Health District (LHD)	Local Health Districts were established in January 2011 and are a key requirement of the National Health Reform Agreement. Eight Local Health Districts cover the Sydney metropolitan region and seven cover rural and regional New South Wales. These are: **Metropolitan NSW** Central Coast, Illawarra Shoalhaven, Nepean Blue Mountains, Northern Sydney, South Eastern Sydney, South Western Sydney, Sydney, Western Sydney **Rural & Regional NSW** Far West, Hunter New England, Mid North Coast, Murrumbidgee,

	Northern NSW, Southern NSW, Western NSW
Ministry	NSW Ministry of Health
Other Referrals	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 Individual women may be referred to more than one service, and thus counted more than once Other Referrals is only to be completed when domestic violence was identified, not for other reasons
Routine screening	Conducted for all women attending antenatal and child and family 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.