DOMESTIC VIOLENCE
ROUTINE SCREENING

November 2013
Snapshot Report 11
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.
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EXECUTIVE SUMMARY

For 10 years, the annual Domestic Violence Routine Screening (DVRS) Snapshot Report has provided valuable information for NSW Health regarding the level and outcomes of screening. NSW Kids and Families, Local Health Districts (LHDs) and Speciality Health Networks (SHNs), as well as individual service streams and facilities use the data to monitor implementation of the DVRS program and to support ongoing service improvement in identifying and responding to domestic violence.

In order to improve the rate and outcomes of DVRS, NSW Kids and Families has been working closely with LHDs and SHN throughout 2014 to improve implementation and delivery and to raise the overall quality and outcomes of screening.

NSW Kids and Families provided financial support to enable rural and regional staff to participate in the annual DVRS forum hosted by the Education Centre Against Violence, Expanding your Toolkit: Refreshing Domestic Violence Routine Screening in NSW, held on 30 April 2014.

Financial support was given to seven rural and regional LHDs to cover the travel costs of six participants per LHD, with at least two representatives from Mental Health services. The support provided by NSW Kids and Families increased attendance by more than 40% from 2013 to 2014, with approximately 20% of participants from Mental Health Services. LHDs and participants provided feedback that this strategy had reinvigorated implementation and delivery of DVRS in their service(s).

Moving forward, NSW Kids and Families are committed to build on the quality of information collection and reporting. In 2014, the Snapshot Report data collection spreadsheets have been enhanced to allow greater data validation and accuracy. Three additional questions have been added to the template regarding children’s exposure to, and/or experience of domestic violence in accordance with the 2006 amendment to the DV Policy. The inclusion of these additional questions represents a commitment by NSW Health and across government to obtain quality data to inform policy and service delivery in order to enable integration of the responses to child protection and domestic violence.

Key headlines - Domestic Violence Routine Screening Snapshot Report (2013):

- The screening rate of 59.6% was just under the rate of 2012 (60.5%)
- The rate of women who identify domestic violence was 5.5% of all eligible women screened, the same as for 2012
- Higher rates of screening were reported for antenatal, women’s health and other services (above 80%), whilst uptake in drug and alcohol services was just above 70%
- Lower rates of screening were reported in child and family health services (47%), while mental health services screened at the lowest rate of 38.1%
- The rate of disclosure in mental health (17.8%) and drug and alcohol services (23.6%) was high compared with the whole of program average (5.5%)

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1 This data will not be reported on in 2014 in order to ensure LHDs have systems in place for accurate reporting on this data field in 2015.
The 2014 Guidelines have also been amended to:

- Refine the definition of ‘eligible women’
- Emphasise that screening is to be undertaken irrespective of current relationship status.
- Ensure that the number of women who are unsafe to go home and/or require assistance (Questions 3 and 4) are counted only where Domestic Violence was identified through answering ‘yes’ to either Questions 1 or 2.

The 2012 snapshot report included an updated evidence section, and a ‘lessons for practice’ section to support the effective implementation of DVRS. In response to positive feedback received from LHDs and Speciality Networks on the value of these inclusions the 2013 report has focus chapters on:

- An overview of the Domestic and Family Violence Reforms and the implications for NSW Health
- Key lessons for practice on making a report to the NSW Police Force or to the Department of Family and Community Services.

**Key Findings - Snapshot 11: November 2013**

The key findings for the November 2013 Snapshot include:

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible women who attended a participating service</td>
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</tr>
<tr>
<td>Eligible women who were screened</td>
<td>14,940</td>
</tr>
<tr>
<td>(59.6% of eligible women)</td>
<td></td>
</tr>
<tr>
<td>Eligible women screened who were identified as having experienced domestic violence in the previous 12 months</td>
<td>826</td>
</tr>
<tr>
<td>(5.5% of women screened)</td>
<td></td>
</tr>
<tr>
<td>Women accepting an offer of assistance</td>
<td>219</td>
</tr>
<tr>
<td>(26.5% of women identified as having experienced domestic violence)</td>
<td></td>
</tr>
<tr>
<td>Notifications or Referrals</td>
<td>861</td>
</tr>
<tr>
<td>(Reports to the Department of Family and Community Services (FACS), Notifications/reports to the NSW Police Force, Other) *Some women may have multiple referrals</td>
<td></td>
</tr>
</tbody>
</table>
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 NSW. Globally, 30% of women who have been in a relationship have experienced physical and or sexual violence by their partner.\(^2\)

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.”\(^3\)

Worldwide, victims are:

- 16% more likely to have a low birth-weight baby
- Twice as likely to have an abortion
- Twice as likely to experience depression\(^4\)

The 2012 Australian Bureau of Statistics *Personal Safety* Survey shows that whilst both men and women report substantial levels of violence, women are far more likely than men to have experienced domestic and sexual violence.\(^5\) 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.\(^6\)

Victims of domestic violence report higher rates of a range of health issues than non-victims.

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.\(^9\)\(^10\)


\(^7\) Laing L (2001) Children, Young People and Domestic Violence Issue Paper 2, Sydney: Australian Domestic Violence Clearinghouse


**NSW Health’s Domestic Violence Routine Screening program**

Since 2001 NSW Health services 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
- 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 by services 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.11

**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):

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?

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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:

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“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?”
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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)”  

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), NSW Police Force may be notified if the woman wishes and/or where there are concerns for the safety of the woman and/or her children\(^\text{12}\). For more information on when to report to the police, see page 32 of this report, “Lessons for Practice”.

In all other cases where domestic violence is identified, but referral to the NSW Police or 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) and available in a range of emerging and established community languages, 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.

**NSW Domestic and Family Violence Framework for Reform (DFV Reforms)**

*It Stops Here*, the Domestic and Family Violence Framework for Reform (DFV Reforms) are a whole-of-government response to domestic and family violence in NSW \(^\text{14}\). NSW Health is a key partner to the DFV Reforms, which consist of five elements:

1. A strategic approach to prevention and early intervention
2. Streamlined referral pathways
3. Person-centred service responses
4. A skilled and capable workforce
5. A strengthened criminal justice response

In September 2014, NSW commenced implementation of element two of the DFV Reforms, *It Stops Here Safer Pathway*. Two Safer Pathway sites at Waverley and Orange, within the boundaries of Western NSW and South Eastern Sydney LHDs, will establish a coordinated service system response to support the safety of victims and their families.\(^\text{15}\) The Safer Pathway model establishes a new referral pathway for victims at serious risk of harm from domestic and family violence. This referral pathway links Government and non-government organisations (NGOs) in the provision of services to victims.

Safer Pathway puts the safety of the victim and her children at the centre of the response. This means that services will need to respond in a coordinated and holistic way, by working

\(^{12}\) 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


\(^{14}\) For more information on It Stops Here and all documents and supporting tools, see: www.domesticviolence.nsw.gov.au/services

\(^{15}\) Statewide implementation to be achieved over a five year period and will be phases to allow evaluation.
more closely together. It will establish a common, statewide risk assessment form to support
a victim’s journey through government and non-government services.

Under the reforms, when a person is identified as experiencing domestic violence a
Domestic Violence Risk Assessment (DVSAT) will be conducted. Use of the DVSAT for the
NSW Police Force is mandatory, and optional for all other agencies or services. Once the
level of threat has been identified:

1. A victim who has been identified as at threat or serious threat will be referred to the Central
Referral Point.
2. When the Central Referral Point receives the information, they will allocate the referral to the
nearest local Coordination Point.
   The Central Referral Point will coordinate services for male victims.
3. The Local Coordination Point will contact the victim and focus on her safety. They will
   explain the process and refer her to any other services she may need.
   The Local Coordination Point will determine if the victim is at serious threat of further
   violence. If yes, they will refer her to a Safety Action Meeting.
4. A Safety Action Meeting is a collection of service providers (eg. Department of Family and
   Community Services, NSW Health, NSW Police Force, Department of Education and
   Communities) who will respond at a multi-agency level to the needs of the victim and her
   children. They will develop a Safety Action Plan that will identify what services, information
   and other needs of the victim and her children.

Information sharing underpins the operation of Safer Pathway. New legislation has been
proclaimed to allow information sharing to support the safety of victims under Part 13A of the
Crimes (Domestic and Personal Violence) Act 2007. This allows service providers to share
information for the purpose of preventing or lessening a serious threat to a person’s safety.
This includes information about a victim or her children and the alleged perpetrator in the
following circumstances:

- Only information relevant to make a referral or necessary to the victim’s safety will be
  shared. An information protocol has been developed to guide agencies and services
  wanting to share information under the information sharing Act.16
- Obtaining the victim’s consent to share information is a key principle of the DFV
  Framework unless unreasonable or impractical, or if the disclosure of information is
  on reasonable grounds necessary to prevent or lessen a serious threat to the life,
  health or safety of the victim, her children or any other persons.

Part 13A of the Crimes (Domestic and Personal Violence) Act 2007 does not limit or
replace existing information sharing under Chapter 16A of the Children and Young
persons (Care and Protection) Act 2008. If children are present or are victims in the
context of domestic violence, information exchange should continue under Chapter 16A.

Safer Pathway does not replace or override existing child protection processes and systems.
All NSW Health staff should be aware of their obligations under the Child Wellbeing and
Child Protection Policies and Procedures for NSW Health (PD2013_007)17, and be alert to
the fact that there may also be concurrent child protection interventions (see also Lessons
for practice).

16 Department of Justice, Information Sharing Protocol (September 2014), available at:

17 Child Wellbeing and Child Protection Policies and Procedures for NSW Health (PD2013_007), available at:
procedures-for-nsw-health-(pd2013_007)/
Impact on NSW Health services

The experience and knowledge of NSW Health staff, particularly gained through implementing DVRS, puts NSW Health in an excellent position to engage with these reforms. Collectively, we form a dedicated workforce committed to delivering improved health outcomes for victims and their families.

Safer Pathways will necessarily take time and commitment to become established in each of the sites as they come online. However, Waverly and Orange have taken on the challenge to prepare for implementation with professionalism and determination. Drawing on their experience, we anticipate that effective participation by NSW Health will require the following key elements:

- Identification of a senior person/s to attend the Safety Action Meeting (SAM) who can make and action decisions, including developing an understanding more widely of the skill set required to participate effectively
- Effective medico-legal and clinical processes to identify, collate, review and manage relevant information held about the victim, their children or the perpetrator
- Familiarity with privacy and information sharing legislation to enable appropriate sharing of relevant information at SAMs
- Commitment to take or to facilitate actions agreed to in the SAM
- Integration and alignment with existing child protection processes
- An identified pathway to provide feedback and act on Safety Action Plans
- Support for health staff to enable referrals to the SAM using either the Domestic Violence Safety Assessment Tool (DVSAT), or existing risk assessment processes.

Whilst domestic violence is identified and impacts on all areas of NSW Health’s services, a number of areas are more frequently affected and/or involved including:

- Antenatal
- Child and family
- Drug and alcohol
- Mental health and
- Critical care/emergency department services.

All these services with the exception of critical care/emergency departments are mandated to screen for domestic violence.

As the model proceeds to full statewide implementation, NSW Health will play an active role in the evaluation of this new service model. The input and experience of NSW Health staff will play an important part in that process. To that end, NSW Kids and Families looks forward to continuing to work in partnership with colleagues in both the NSW Health system and government and non-government services, to realise the objectives of It Stops Here.

This integrated service delivery approach is based in part on the highly successful models used in Australia and overseas including:

- Multi-Agency Risk Assessment Conferences (MARACs) in operation across the United Kingdom\(^\text{18}\)
- South Australia's Family Safety Framework\(^\text{19}\)

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\(^{18}\) [http://www.caada.org.uk/marac/Information_about_MARACs.html](http://www.caada.org.uk/marac/Information_about_MARACs.html)

2013 DOMESTIC VIOLENCE ROUTINE SCREENING SNAPSHOT REPORT

Key data from each of the years 2003-2013 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.

Methodology
This report documents the one month data snapshot of routine screening conducted in Local Health Districts (LHDs) across NSW during the snapshot period of 1 November – 30 November 2013. The same methodology has been applied in each snapshot since 2003. 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 the Department of Family and Community Services, notifications to the 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 2013 data collection form and guidelines).

The rationale for the one month snapshot will become redundant once NSW Health services move fully into use of 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. It is noted that a one month data snapshot may be providing a skewed picture as services may be more proactive in screening during this period knowing that it is a snapshot month. A full year of data would be more likely to capture and support a continuous focus on quality improvement and service delivery.

It is imperative for the DVRS data collection to move towards a continuous data for all eligible women throughout the year to:

- Ensure inclusion within service level agreements between the Ministry of Health and LHDs and Speciality Networks
- Enable greater insight into annual trends
- Streamline the collection of data
- Create key data linkages with information such as demographic data.

Fourteen LHDs now use ObstetricX for their Maternity Services data collection, and Community Health and Outpatient Care (CHOC) Program is a statewide program that will deliver an Integrated Clinical System (ICS) into community health and outpatient care clinical services. The ability to monitor DVRS performance information throughout the year will also ensure that services screen at a consistent level throughout the year.

Overall results
The key findings for the November 2013 Snapshot include:

- 25,062 eligible women who attended a participating service
- 14,940 (59.6%) of eligible women were screened
- 826 (5.5% of women screened) eligible women screened who were identified as having experienced domestic violence in the previous 12 months
- 219 (26.5%) women who identified domestic violence accepted an offer of assistance
- There were 861 notifications or referrals to the Department of Family and Community Services, notifications and/or reports to the NSW Police Force, or other. (Note some women may have multiple referrals).
Extent of screening across Local Health Districts in November 2013

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 and Southern NSW, alcohol and other drugs data is combined with that of mental health services.

The LHD programs providing data for the 2013 snapshot are listed in Table 1.

<table>
<thead>
<tr>
<th>Local Health Districts</th>
<th>Antenatal services</th>
<th>Alcohol and other drugs</th>
<th>Child and family health</th>
<th>Mental health services</th>
<th>Women’s health nursing</th>
<th>Additional programs²⁰</th>
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</tr>
</tbody>
</table>

²⁰ Additional programs include sexual health services.
²¹ Data includes St Vincent’s Hospital, Darlinghurst
Total number of eligible women presenting to a DVRS service, November 2013

A total of 25,062 women were identified as ‘eligible’ for screening by all programs participating in the screening snapshot in November 2013. 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 12,484 women. This equates to approximately 50% of all eligible women presenting to DVRS services during the month of the snapshot.

By service, this comprises:

- 12,484 in child and family health services
- 6,352 in antenatal services
- 3,668 in mental health services
- 1,155 in alcohol and other drugs services
- 1,047 in women’s health nursing services
- 144 in combined mental health and drug and alcohol services
- 212 in additional programs

![Figure 1: Screening conducted by program in LHDs in November 2013](image)

Total number and percentage of women screened

The number of women screened by program is shown in Figure 2. In 2013, the number of women screened during the month of November for each program was:

- 5,664 in antenatal services
- 834 in alcohol and other drugs services
- 5,821 in child and family health services
- 1,399 in mental health services
- 905 women’s health nursing services
- 202 in other services
- 115 in combined mental health and alcohol and other drugs services

![Figure 2](image)

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22 In Southern NSW LHD and Far West LHD there was a small number of women who were screened in combined mental health and alcohol and other drugs 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 2013

*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, 14,940 (59.6%) were screened.

Women screened as a percentage of eligible women attending programs is shown in Figure 3. The percentage varied by program with the highest percentage of women screened in antenatal services (89.2%) and the lowest percentage of women screened in mental health services (38.1%).

Figure 3: Percentage of eligible women screened by program in November 2013

*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=202 and n=115 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=115) in proportion to the numbers screened by alcohol and other drugs services (n=834) and mental health services (n=1,399).*
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, 826 (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 (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, 6 of 202 (3%) women identified domestic violence.

![Figure 4: Percentage of women who disclose domestic violence by program in November 2013](image)

N.B. ‘Other’ programs are not included in Figure 4 due to the small number (n=202) of screened women

Action 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.

Two hundred and nineteen (26.5%) women screened identified themselves as victims of domestic violence and accepted the offer of assistance.

‘Actions taken’ shown in Figure 5 were as follows:

- 527 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 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
• 66 reports to the Department of Family and Community Services comprising:
  o 18 (27.3%) by antenatal services
  o 23 (34.8%) by child and family health services
  o 20 (30.3%) by mental health services
  o 2 (3%) by alcohol and other drugs services
  o 3 (4.5%) by other services

• 34 notifications to NSW Police Force comprising:
  o 4 (11.8%) by antenatal services
  o 9 (26.5%) by alcohol and other drugs services
  o 9 (26.5%) by child and family health services
  o 7 (20.6%) by mental health services
  o 4 (11.8%) by combined mental health and drug and alcohol services
  o 1 (2.9%) other service

• 234 other referrals.

Some women may be the subject of multiple ‘actions taken’ – for example a report to the Department of Family and Community Services, a notification to NSW Police Force 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 ‘absorbed into existing caseloads’ (45), with referrals to social work (44) and Safe Start25 (41) the next most frequent referral outcome. Referrals to services within NSW Health were also made to:

- Aboriginal Maternal and Infant Health Service (AMIHS)
- Mental Health (either in-patient or community)
- Child Wellbeing Unit, Drug and Alcohol Community Action Team (DACAT)
- Social work (including the Emergency Department Social Worker)
- Counselling (including generalist and specialist Domestic Violence counsellors)
- Adolescent Service
- Quitline
- Child Health Service
- Diabetes Service
- Sexual Assault Service(s) (SAS)
- Substance use in pregnancy clinic.

The highest number of referrals external to NSW Health was made to Women’s Health/Resource Centres (14) and Domestic Violence Services (including advocacy) (12). Other referrals outside the NSW Health system were made to:

- The Domestic Violence Counselling Line
- Women’s refuges
- Private/non-government organisation (NGO) Counsellor/Psychologist
- Department of Family and Community Service (FACS)
- Staying Home Leaving Violence (SHLV)
- The Benevolent Society
- Brighter Futures
- Police Domestic Violence Liaison Officer (DVLO)
- Legal Advice/Legal Aid
- Community Health Centre(s)
- Family Referral Service (FRS)

24 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.

25 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:
- Headspace
- Other alternative accommodation
- Parenting Support and Counselling Team.

**Figure 5: Number of referrals made by all programs in November 2013**

**Reasons provided for not screening**
This is a measure of eligible women not screened as a proportion of all eligible women.

The presence of another person at screening accounted for 60.9% (representing 5,145 occasions) of the reasons given for not screening as shown in Figure 6. Reasons given for not undertaking screening were broken down into:

- 3,234 (38.2%) presence of a partner
- 1,911 (22.6%) presence of others
- 3,186 (37.7%) other reason
- 124 (1.5%) declined to answer the questions.

**Figure 6: Reasons provided for not completing screening in November 2013**
Reasons for not screening provided in ‘Comments’ provided by Mental Health services included ‘no privacy’, ‘emergency presentation’, ‘patients being acutely unwell at time of admission and intake’ and ‘patient’s mental state, vulnerability and ability to understand/comprehend the questions being asked’.

One antenatal service noted there was a relief midwife for most of the snapshot period, and clients possibly not disclosing information as they did not have an established relationship with the midwife collecting the information.

Others noted that screening was not completed due to ‘language’. It is imperative that services put systems in place to ensure that all women are screened and that this takes place in a culturally appropriate way. This includes:

- Prior to any domestic violence screening being undertaken, information about domestic violence is provided to women being screening in her own language (for instance, the DV ‘Z’-Card published by the Education Centre Against Violence - ECAV) where possible
- Wherever possible the medical professional, through an appropriate interpreter, discusses with the patient the range of behaviours that may constitute domestic violence, as well as asking questions of the patient in a way which respects her culture
- Medical professionals use accredited interpreters who are trained and adhere to standards of confidentiality and impartiality to reduce the potential for, and/or identify power imbalances or issues arising between the patient being screened and the interpreter (e.g., ethnic conflict between the interpreter and patient, conflict on the basis of age or gender; confidentiality issues).

NSW Kids and Families highlights the efforts of those services that have implemented DVRS in a flexible way to ensure all eligible women are screened, for example those antenatal services who have put systems in place to conduct screening on future visits if it cannot be conducted during the first visit.

Some women’s health services noted screening had not been completed due to women having recently ended their relationships or separated from their partners. Evidence clearly demonstrates that the post-separation period is a particularly high-risk period for women who have experienced domestic violence. All staff conducting DVRS should be particularly mindful of this risk, and all eligible women should be screened regardless of their current relationship status.\(^{26}\)

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RESULTS BY TARGET PROGRAMS

Antenatal services

Antenatal services in all LHDs screen for domestic violence.

Six thousand, three hundred and fifty two (6,352) eligible women attended antenatal services, of whom 5,664 (89.2%) were screened.

The percentage of women screened across LHDs ranged from 65.3% in Western NSW LHD to 100% in Far West LHD.

One hundred and eighty-one (3.2%) of the screened women were identified as having experienced domestic violence in the previous 12 months. Identification rates varied from 0.9% in Murrumbidgee LHD to 19% in Far West LHD as shown in Figure 8.

Figure 7: Percentage of eligible women screened in antenatal services, November 2013 by LHD

Figure 8: Percentage of women disclosing domestic violence in antenatal services in November 2013 by LHD
Thirty-four (18.8%) 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:

- 102 occasions of support were provided 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 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 domestic violence within the last 12 months.
- 18 reports to the Department of Family and Community Services
- 4 notifications to NSW Police Force
- 88 other referrals

![Actions taken following disclosure of domestic violence by LHD](chart1.png)

**Figure 9: Number referrals/actions taken in antenatal services November 2013 by LHD**

The presence of a partner was recorded in 237 occasions (40%) as the reason to not screen in antenatal services.

![Figure 10: Reasons provided for not screening in antenatal services in November, 2013](chart2.png)
Alcohol and other drugs services
Alcohol and other drugs services in all LHDs screen for domestic violence.

Of the 1,155 women attending these services during the snapshot period, 834 (72.2%) were screened. Screening rates varied from 12.9% in Western NSW LHD to 100% in Illawarra Shoalhaven LHD as shown in Figure 11.

One hundred and ninety-seven (23.6%) 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 3.5% in Nepean Blue Mountains LHD to 59.3% in Murrumbidgee as shown in Figure 12.

The Far West and Southern NSW LHDs provided combined data for drug and alcohol and mental health services, for amalgamated results refer to the section on ‘combined mental health and alcohol and other drugs’ services.
Figure 12: Percentage of women where domestic violence was identified in alcohol and other drugs services in November 2013 by LHD

Forty-two (21.3%) 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:

- 109 occasions of support were provided 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 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.
- 2 reports to the Department of Family and Community Services
- 9 notifications to NSW Police Force
- 45 other referrals.
As shown in Figure 14, the most common reason given for not screening was ‘other reasons n=172, 81%').
**Child and family health services**

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

Twelve thousand, four hundred and eighty-four (12,484) eligible women attended early childhood services during the snapshot period. Five thousand, eight hundred and twenty-one (46.6%) of these women were screened.

The screening rate varied from 22.2% in Far West LHD to 73.1% in Mid North Coast LHD as shown in Figure 15.

![Figure 15: Percentage of eligible women screened in child and family health services in November 2013 by LHD](image)

Of all eligible women screened, 130 (2.2%) were identified as having experienced domestic violence in the previous 12 months.

Identification rates varied across LHDs from 0.8% in Mid North Coast LHD to 9.6% in Southern NSW LHD as shown in Figure 16.

![Figure 16: Percentage of women where domestic violence was identified in early childhood services in November 2013 by LHD](image)
Thirty-one (23.8%) 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:

- 85 occasions of support were provided and options discussed - as noted previously, support may be given within the context of the routine screen to those women who have experienced DV in the past, or who may be experiencing other types of 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.
- 23 reports to the Department of Family and Community Services
- 9 notifications to NSW Police Force
- 29 other referrals.

![Figure 17: Number of actions taken in child and family health services in November 2013 by LHD](image)

The presence of a partner at screening accounted for 2,920 (52%) 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 2013](image)
Mental health services

Mental health services in all LHDs screen for domestic violence.\textsuperscript{27}

Three thousand, six hundred and sixty-eight (3,668) women attending these services during the snapshot period were eligible for screening. Of these, 1,399 (38.1\%) were screened.

Screening rates range from 1.7\% in Western NSW LHD to 94.7\% in South Western Sydney LHD as shown in Figure 19.

**Figure 19: Percentage of eligible women screened in mental health services in November 2013 by LHD**

Two hundred and forty-nine (17.8\%) women screened in mental health services identified as having experienced domestic violence in the previous 12 months.

\textsuperscript{27} In Southern NSW LHD and Far West LHD there was a small number of women who were screened in combined mental health and alcohol and other drugs 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).
The percentage of women screened who identified as having experienced domestic violence varied across LHDs from 7.5% in Northern Sydney LHD to 46.2% in St Vincent’s SHN as shown in Figure 20.

![Figure 20: Percentage of women where domestic violence was identified in mental health services in November 2013 by LHD](image)

One hundred and two (41%) 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:

- 168 occasions of support were provided 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 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.
- 20 reports to the Department of Family and Community Services
- 7 notifications to NSW Police Force
- 51 other referrals.
Other, undocumented reasons account for 93% of reasons for not screening in mental health services.

**Figure 21: Number of actions taken in mental health services in November 2013 by LHD**

**Figure 22: Reasons for not screening in mental health services November 2013**
RESULTS IN ADDITIONAL PROGRAMS

Many LHDs have elected to introduce screening into other service streams. Combined mental health and alcohol and other drugs services conduct routine screening in two rural LHDs. This data is reported as a combined total in 2013 as it was unable to be divided into separate mental health and alcohol and other drugs data by those services.

Combined mental health and alcohol and other drugs

Two rural LHDs have combined mental health and drug and alcohol services, which require that this data be reported separately to other mental health and/or alcohol and other drugs service totals:

- 144 women attending these services during the Snapshot period were eligible for screening. Of these 115 (79.9%) were screened
- 27 (23.5%) women identified as having experienced domestic violence in the previous 12 months
- 3 (11.1%) women where domestic violence was identified accepted assistance.

Women’s health nursing services

Eleven LHDs have implemented screening in women’s health nursing services and participated in the 2013 snapshot.

One thousand and forty-seven (1,047) eligible women attended women’s health nursing services during the snapshot period. Of these eligible women, 905 (86.4%) were screened. Screening rates varied from 61.6% in Hunter New England LHD to 100% in Far West, Illawarra Shoalhaven, and Northern Sydney LHDs as shown in Figure 23.

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Thirty-six (4%) women were identified as having experienced domestic violence in the previous 12 months. Identification rates varied from nil in Mid North Coast and Northern Sydney LHDs to 10.3% in Southern NSW LHD as shown in Figure 24.
Six (16.7%) 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:

- 36 occasions of support were provided 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 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
- 2 referrals to the Department of Family and Community Services
- 1 notification to NSW Police Force
- 7 other referrals.
Other, undocumented reasons account for 58% of reasons for not screening in women’s health services.

<table>
<thead>
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<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
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<td>Presence of partner</td>
<td>20%</td>
</tr>
<tr>
<td>Presence of others</td>
<td>19%</td>
</tr>
<tr>
<td>Declined to answer</td>
<td>19%</td>
</tr>
<tr>
<td>Other reason</td>
<td>3%</td>
</tr>
</tbody>
</table>

Figure 26: Reasons for not screening in women’s health services November 2013

**South Eastern Sydney sexual health services**

South Eastern Sydney LHD undertakes screening in sexual health services.

Two hundred and twelve eligible women attended these services, of which 202 (95.3%) were screened during the Snapshot period.

Six (3%) women screened identified as having experienced domestic violence in the previous 12 months.

One other referral was made, whilst no referrals were made to the Department of Family and Community Services or NSW Police Force.
LESSONS FOR PRACTICE

From our work with key stakeholders in LHDs and Specialty Networks, particularly through the quarterly Domestic Violence Statewide Network Meetings, NSW Kids and Families are aware there is a need for clear and concise information on:

- When to make a report to the Police, and/or
- The pathway to determine if a report to the Department of Family and Community Services (FACS) is required.

Making a report to the NSW Police Force

The current NSW Health Domestic Violence Policy outlines the circumstances in which a report to the police must be made. However, the policy is often interpreted narrowly, and without consideration of the cumulative level of risk that domestic violence presents.

In accordance with the policy, **NSW Health staff must call the police** where there is a serious risk to a woman’s safety in any of the following scenarios:

- There has been a recent violent episode which led to a serious injury, for example but not limited to attempted strangulation, broken bones, stab or gunshot wounds.
- The perpetrator has access to a gun or other weapon, including knives, and is threatening to cause physical injury to ANY person
- The perpetrator is using or carrying a gun or other weapon, including knives, in a manner likely to cause physical injury to ANY person or to lead a person to believe that their safety is in danger
- Threats of violence or suicide have been made by the perpetrator
- There is a serious risk to individual or to public safety
- Threats of violence or abuse have been made towards the children
- An offence has occurred on NSW Health premises, or threats have been made to NSW Health staff due to their professional role.

When domestic violence is identified, or the circumstances of presentation strongly suggest that domestic violence is involved, the presence of any of the following scenarios should be considered a serious risk to safety or ‘red flag’:

- There has been a recent violent episode
- The violence is escalating
- Threats of violence or suicide have been made by the partner or ex-partner
- Acute mental illness featuring psychotic delusions or threats to harm others
- If there have been threats to kill the woman or the children
- If she has been threatened or assaulted with a weapon of any sort
- Weapons are present; and/or threats of violence or abuse have been made towards the children
- The woman has been sexually assaulted by her partner or her ex-partner
- The woman has recently separated from her partner
- If there have been any attempts of choking, strangling or suffocation
- If there have been any breaches of an Apprehended Violence Order (AVO)
- The partner is still in the woman’s home or in the same area.
Under the Domestic and Family Violence (DFV) Reforms (for more information, see the section on the DFV Reforms above), a new common statewide Domestic Violence Safety Assessment Tool has been developed to support workers determine the level of risk posed to any person experiencing domestic and family violence. This new tool will support staff, including those outside of the two Safer Pathway launch sites at Orange and Waverley, to:

- Assess the level of risk posed to the victim(s) and guide their next steps
- Determine whether they are able to share information under Section 13A of the Crimes (Domestic and Personal Violence) Act 2007.

**Making a report to the Department of Family and Community Services**

Children and young people living in domestic violence can be at risk of significant harm as a result of exposure to a range of psychological and behavioral impacts. In those situations when safety concerns about a woman give rise to concerns that children are at risk:

1. **Use the Mandatory Reporters Guide (MRG) and/or contact the NSW Health Child Wellbeing Unit**
2. **Phone the Child Wellbeing Unit on 1300 480 420 for assistance in determining what action they should take, including whether a report to the Helpline is required**
3. **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 significant harm.**

**Further consultation and support**

NSW Health child wellbeing services are provided by three Child Wellbeing Units as well as Local Health District based Child Wellbeing Coordinators (CWGs). Child Wellbeing Units (CWUs) and Child Wellbeing Coordinators are funded to reshape health service responses to child protection, with an emphasis on prevention and early intervention. They work in collaboration with Child Wellbeing Units in the Department of Education and Communities and NSW Police Force.

NSW Health Child Wellbeing Units are staffed by child protection professionals who provide telephone advice and support to NSW Health mandatory reporters on a range of matters concerning the safety, welfare and wellbeing of children and young people. This role includes:

- Assisting health workers to determine the suspected level of risk of harm and assisting in developing a plan to address any child wellbeing or child protection concerns
- Advising whether there are current or past concerns recorded about a child or young person and/or whether other agencies or workers are known to be involved
- Providing advice about referral pathways, information sharing and case coordination
- Support health services in fulfilling their responsibilities in relation to recognising and responding to child safety, welfare and wellbeing concerns. This includes being available to consult with and provide advice and education to health managers and workers
- Contribute to the development and maintenance of interagency partnerships and collaboration to address the needs of vulnerable children, young people and families.

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### Key statistics

<table>
<thead>
<tr>
<th>Year</th>
<th>Eligible women attending services</th>
<th>Number screened</th>
<th>% Eligible women screened</th>
<th>Number identified domestic violence</th>
<th>% Identified of those screened</th>
<th>Women unsafe to go home</th>
<th>% Unsafe to go home</th>
<th>Number accepted offer of assistance</th>
<th>% Accepted offer of assistance</th>
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<td>5,800</td>
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<td>294</td>
<td>35.6%</td>
<td>219</td>
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</table>

29 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

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<tr>
<th>Year</th>
<th>Number of NSW Health referrals/notifications to NSW Police Force</th>
<th>Number of NSW Health referrals/notifications to the Department of Family &amp; Community Services</th>
<th>Number of other referrals made by NSW Health</th>
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<th>Referrals outside NSW Health</th>
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<td>5</td>
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<td>201</td>
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### Reasons screening not completed

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<thead>
<tr>
<th>Year</th>
<th>Presence of partner</th>
<th>Presence of others</th>
<th>Declined to answer questions</th>
<th>Other reason</th>
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<tbody>
<tr>
<td>2003</td>
<td>54%</td>
<td>38%</td>
<td>2%</td>
<td>6%</td>
</tr>
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<td>2004</td>
<td>32%</td>
<td>27%</td>
<td>1%</td>
<td>19%</td>
</tr>
<tr>
<td>2005</td>
<td>27%</td>
<td>21%</td>
<td>1%</td>
<td>11%</td>
</tr>
<tr>
<td>2006</td>
<td>34%</td>
<td>29%</td>
<td>2%</td>
<td>25%</td>
</tr>
<tr>
<td>2007</td>
<td>41%</td>
<td>29%</td>
<td>7%</td>
<td>23%</td>
</tr>
<tr>
<td>2008</td>
<td>39%</td>
<td>36%</td>
<td>3%</td>
<td>21%</td>
</tr>
<tr>
<td>2009</td>
<td>40%</td>
<td>28%</td>
<td>2%</td>
<td>31%</td>
</tr>
<tr>
<td>2010</td>
<td>38%</td>
<td>25%</td>
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<td>2011</td>
<td>37%</td>
<td>28%</td>
<td>2%</td>
<td>33%</td>
</tr>
<tr>
<td>2012</td>
<td>30%</td>
<td>23%</td>
<td>3%</td>
<td>44%</td>
</tr>
<tr>
<td>2013</td>
<td>38%</td>
<td>23%</td>
<td>1%</td>
<td>38%</td>
</tr>
</tbody>
</table>

30 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:

<table>
<thead>
<tr>
<th>Action taken</th>
<th>Screening was not completed due to</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Presence of partner</td>
</tr>
<tr>
<td></td>
<td>Presence of other family members</td>
</tr>
<tr>
<td></td>
<td>Woman declined to answer the questions</td>
</tr>
<tr>
<td></td>
<td>Other reason (specify)</td>
</tr>
</tbody>
</table>

[ ] Support given and options discussed
[ ] Reported to DoCS
[ ] Police notified
[ ] Referral made to
[ ] Other action taken
[ ] Other violence or abuse disclosed

Signature of Staff ___________________________
Name ___________________________
Designation ___________________________
## APPENDIX 3: DATA COLLECTION FORM 2013

**Routine Screening for Domestic Violence: Snapshot 9: 1 - 30 November 2013**

<table>
<thead>
<tr>
<th>Local Health District:</th>
<th>Program Facility</th>
<th>Contact person:</th>
<th>Phone:</th>
<th>Email:</th>
<th>Screening:</th>
<th>Action Taken:</th>
<th>Screening not completed due to:</th>
</tr>
</thead>
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<tr>
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<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number - eligible women who presented to the facility</td>
<td>Number - women screened</td>
<td>Number - DV Identified - i.e. answered yes to Q1 and/or Q2</td>
<td>Number - answered no to Q3</td>
<td>Number - answered yes to Q4</td>
<td>Number - Support given and options discussed</td>
<td>Number - Police notifications</td>
<td>Number - Community Services reports</td>
<td>Number - other referrals**</td>
<td>Number - presence of partner</td>
<td>Number - presence of others</td>
<td>Number - declined to answer question</td>
<td>Number - other reason **</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Within health services</th>
<th>Number</th>
<th>Service referred to</th>
<th>Number</th>
<th>Service referred to</th>
<th>Number</th>
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</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Outside health services</th>
<th>Number</th>
<th>Service referred to</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

**Comments:**

__________________________________________________________

__________________________________________________________

__________________________________________________________
APPENDIX 4: DATA COLLECTION GUIDELINES

Guidelines for Data Collection Snapshot 11: 1 - 30 November 2013

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. Where available, please provide information regarding the Aboriginal Maternal and Infant Health Strategy (AMIHS) Program (see 5.). Other LHS services in addition to the four target program streams may also undertake screening.

The Policy identifies the need for LHDs to participate in data collection processes, which document the level and some outcomes of screening over a one month period. The 2013 data collection snapshot will occur from 1 - 30 November 2013 inclusive.

PLEASE NOTE CHANGES TO:

How to complete and submit your service and LHD data form
How to obtain AMIHS figures from ObstetriX (where applicable)
How to accurately capture referral information

Ahead of submission to NSW Kids and Families, LHDs should complete the ‘LHD All Programs - Snapshot Template - November 2013.XLSX’ form for appropriate authorisation. Collated data is to be forwarded to NSW Kids and Families in Excel (.xls) format by 28 February 2014, see below for more information.

For further information please contact: Tamsin Anderson, Senior Analyst, NSW Kids and Families on 9391 9884 or tande2@doh.health.nsw.gov.au

Explanatory Notes for completing data snapshot, November 2013 proforma:

1. ‘Facility’ refers to the specific site e.g. X Antenatal Clinic, Y Mental Health Centre.
2. Facilities will need to develop their own data gathering strategy e.g. file audit, CHOC, ObstetriX.
3. Please ask each facility to complete a ‘DVRS Data Collection - Service level template 2013’.
4. Please collate the completed ‘DVRS Data Collection - Service level template 2013’ returns using the ‘LHD All Programs - Snapshot Template - November 2013.XLSX’. This form contains separate sheets for total program stream data; i.e. Child and Family Health, Alcohol and Other Drugs, Mental Health, Antenatal Services and other services. This form must be completed electronically and submitted to NSW Kids and Families in Excel format only.
   • Additional program streams that conduct screening, e.g. within community health or hospital services, should be listed under ‘other services’ sheets. Add extra lines on this sheet as required, noting the name of each service or facility.
   • Please only provide total numbers for each program stream. If a number of different services (ie: Tresillian, Karitane, etc) within a program stream undertake screening please add these to reach the relevant program total (ie: Child and Family Health) and provide explanatory comments.
5. If available, AMIHS data should be provided as an extra line on the ‘Antenatal’ sheet in the ‘LHD All Program’ template. To obtain accurate AMIHS data, where possible use the AMIHS identifier code in ObstetriX to obtain the screening outcomes for AMIHS clients. AMIHS data should be a sub-total of your ante-natal data and added to all non-AMIHS data to obtain a total for ALL antenatal clients in your LHD. Please ask your ObstetriX coordinator to contact Tamsin Anderson in the result of any questions. Please include a contact person for each program stream with contact details, should the checking of any information be 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 not commenced, as well as circumstance in which the screening process was not completed. Totals 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 but 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. Please double check 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 referrals outcomes inside and outside of NSW Health: e.g. internally to social work teams, or externally e.g. Police Domestic Violence Liaison Officer. These elements have been updated with drop-down lists to facilitate more accurate and standardised referral information. For services not listed in the drop-down list, please select ‘Other’ and provide information in the comments section. 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

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>CC LHD</td>
<td>Central Coast Local Health District</td>
</tr>
<tr>
<td>FW LHD</td>
<td>Far West Local Health District</td>
</tr>
<tr>
<td>HNE LHD</td>
<td>Hunter New England Local Health District</td>
</tr>
<tr>
<td>IS LHD</td>
<td>Illawarra Shoalhaven Local Health District</td>
</tr>
<tr>
<td>MNC LHD</td>
<td>Mid North Coast Local Health District</td>
</tr>
<tr>
<td>M LHD</td>
<td>Murrumbidgee Local Health District</td>
</tr>
<tr>
<td>NBM LHD</td>
<td>Nepean Blue Mountains Local Health District</td>
</tr>
<tr>
<td>NNSW LHD</td>
<td>Northern NSW Local Health District</td>
</tr>
<tr>
<td>NS LHD</td>
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<tr>
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<td>South Eastern Sydney Local Health District</td>
</tr>
<tr>
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<tr>
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<tr>
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<td>Sydney Local Health District</td>
</tr>
<tr>
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<td>Western NSW Local Health District</td>
</tr>
<tr>
<td>WS LHD</td>
<td>Western Sydney Local Health District</td>
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</table>
## GLOSSARY

<table>
<thead>
<tr>
<th>Phrase</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepted offer of assistance</td>
<td>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’.</td>
</tr>
</tbody>
</table>
| 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, |
<table>
<thead>
<tr>
<th>Ministry</th>
<th>NSW Ministry of Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Referrals</td>
<td>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.</td>
</tr>
<tr>
<td>Routine screening</td>
<td>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.</td>
</tr>
<tr>
<td>Safe to go home</td>
<td>Measure of immediate risk in screened women who were identified as experiencing domestic violence in the previous 12 months.</td>
</tr>
<tr>
<td>Screening not completed</td>
<td>Refers to women for whom screening was not commenced, as well as circumstance in which screening was not completed.</td>
</tr>
<tr>
<td>Screening tool</td>
<td>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.</td>
</tr>
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</table>