DOMESTIC VIOLENCE ROUTINE SCREENING

NOVEMBER 2014

SNAPSHOT 12
Executive Summary

The annual Domestic Violence Routine Screening (DVRS) Snapshot Report has provided valuable information for NSW Health regarding the level and outcomes of screening for the past 12 years. The Office of 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.

The 2014 Snapshot has revealed that the overall number of eligible women presenting to facilities has dropped however an increase in both screening and disclosure rates at the State level is evident. Uptake in screening has increased since 2013 from 59.6 per cent to 64.2 per cent of eligible women. 6.3 per cent of all women screened in the November 2014 snapshot period disclosed experiencing domestic violence in the previous 12 months. This rate of disclosure has increased from 5.5 per cent in 2012 and 2013. In specific areas:

- The screening rates in Maternity, Women’s Health and other services were above 88 per cent, whilst uptake in Alcohol and Other Drugs services was 74 per cent.
- Uptake in Child and Family Health was 55 per cent, and Mental Health services screened at the lowest rate of 45 per cent of eligible women, although this has improved since 2013 (38%).
- The rate of disclosure in Mental Health (14.7%) and Alcohol and Other Drugs services (21.6%) was high compared with the average across all services (6.3%).

Key Findings - November 2012 – November 2014

The key findings for the November Snapshot in the past three years include:

<table>
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<tr>
<th>Category</th>
<th>2014</th>
<th>2013</th>
<th>2012</th>
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<tbody>
<tr>
<td>Eligible women who attended a participating service</td>
<td>20,340</td>
<td>25,062</td>
<td>24,657</td>
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<tr>
<td>Eligible women who were screened</td>
<td>13,041</td>
<td>14,940</td>
<td>14,908</td>
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<tr>
<td>(64.1% of eligible women)</td>
<td>(59.6% of eligible women)</td>
<td>(60.5% of eligible women)</td>
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</tr>
<tr>
<td>Eligible women screened who were identified as having experienced domestic violence in the previous 12 months</td>
<td>824</td>
<td>826</td>
<td>813</td>
</tr>
<tr>
<td>(6.3% of women screened)</td>
<td>(5.5% of women screened)</td>
<td>(5.5% of women screened)</td>
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</tr>
<tr>
<td>Women accepting an offer of assistance</td>
<td>191</td>
<td>219</td>
<td>229</td>
</tr>
<tr>
<td>(23.2% of women identified as having experienced domestic violence)</td>
<td>(26.5% of women identified as having experienced domestic violence)</td>
<td>(28.2% of women identified as having experienced domestic violence)</td>
<td></td>
</tr>
<tr>
<td>Notifications or Referrals</td>
<td>1,070</td>
<td>861</td>
<td>1,041</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>
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</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.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 abortion
- Twice as likely to experience depression³

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.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 and to highlight potential child protection concerns.

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

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.
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.
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 and protection 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 services as part of routine assessment:

- All women attending Maternity 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 other services 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):

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?

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), 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.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) to all women screened regardless of whether they are experiencing domestic violence. These cards are available in a range of emerging and established community languages. 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.

2014 Domestic Violence Routine Screening Snapshot Report

Key data from each of the years 2003-2014 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 LHDs across NSW during the snapshot period of 1 November – 30 November 2014. The same methodology has been applied in each snapshot since 2003. This data was then provided to the Office of Kids and Families for preparation of the state wide 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

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
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 continuous data gathering 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 ObstetriX for their Maternity Services data collection. The Community Health and Outpatient Care (CHOC) program is being implemented state-wide, and will provide the ability to report on the use of DVRS in Child, Youth and Family, Mental Health, Drug and Alcohol services, and Sexual Health services that participate in screening.

**Overall results**

The key findings for the November 2014 Snapshot include:

- 20,340 eligible women who attended a participating service
- 13,041 (64.1%) of eligible women were screened
- 824 (6.3% of women screened) eligible women screened were identified as having experienced domestic violence in the previous 12 months
- 191 (23.2%) women who identified domestic violence accepted an offer of assistance
- There were 1,070 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 2014

Screening was conducted in all target services in the 15 LHDs. Women’s Health nursing services returned snapshot data in 10 LHDs. In the Far West Alcohol and Other Drugs data is combined with that of Mental Health services. The LHD services providing data for the 2014 snapshot are listed in Table 1.

<table>
<thead>
<tr>
<th>Local Health Districts</th>
<th>Maternity 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 services&lt;sup&gt;13&lt;/sup&gt;</th>
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</tr>
<tr>
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<td>✓</td>
<td>✓ Combined with DA</td>
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<sup>13</sup> Additional programs include sexual health services.

<sup>14</sup> Data includes St Vincent’s Hospital, Darlinghurst.
Total number of eligible women presenting to a DVRS service, November 2014

A total of 20,340 women were identified as ‘eligible’ for screening by all services participating in the screening snapshot in November 2014. 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:

- 8,431 in Child and Family Health services
- 5,364 in Maternity services
- 4,181 in Mental Health services
- 1,284 in Alcohol and Other Drugs services
- 812 in Women’s Health nursing services
- 32 in combined Mental Health and Alcohol and Other Drug services
- 236 in additional services

![Figure 1: Screening conducted by program in LHDs in November 2014](image)

Total number and percentage of women screened

The number of women screened by service is shown in Figure 2. In 2014, the number of women screened during the month of November for each service was:

- 4,736 in Maternity services
- 949 in Alcohol and Other Drugs services
- 4,429 in Child and Family Health services
- 1,921 in Mental Health services
- 757 in Women’s Health nursing services
- 227 in other services
- 22 in combined Mental Health and Alcohol and Other Drugs services

In Far West LHD there was a small number of women who were screened in combined Mental Health and Alcohol and Other Drugs services. Far West LHD was unable to separate this data into discreet ‘Alcohol and Other Drugs’ and ‘Mental Health’ level data (see ‘Other Services’, for more information).
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, 13,041 (64.1%) were screened.

Women screened as a percentage of eligible women across all services participating in the screening snapshot in November 2014 by LHD is shown in Figure 3a. The screening rate varied from 53.5% in Sydney LHD to 78.5% in Northern Sydney LHD.

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16 Other service 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=22. The combined MH/DA data has a very minimal impact on the overall totals for drug and alcohol and Mental health services in particular, as the number of women was small in proportion to the numbers screened by Alcohol and Other Drugs services (n=949) and Mental Health services (n=1,921).
Figure 3a: Percentage of eligible women screened by LHD in November 2014

Women screened as a percentage of eligible women attending services is shown in Figure 3b. The percentage varied by services with the highest percentage of women screened in Women’s Health services (93.2%) and the lowest percentage of women screened in Mental Health services (45.9%).

Figure 3b: Percentage of eligible women screened by service area in November 2014
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 services, 824 (6.3%) were identified as victims of domestic violence according to the screening questions.

The percentage of screened women where domestic violence was identified across all services participating in the screening snapshot in November 2014 by LHD is shown in Figure 4a. The highest level of identification was in Southern NSW LHD (11.4%), and the lowest in Western Sydney LHD (3.4%).

![Figure 4a: Percentage of women where domestic violence was identified by LHD in November 2014](image)

The percentage of screened women where domestic violence was identified varied across all services (shown in Figure 4b), with a high level of identification across all Mental Health, Drug and Alcohol services. The lowest level of identification was in Women’s Health services (2.4%). In the ‘other service’ category, 7 of 227 (3.1%) women identified domestic violence.
Figure 4b: Percentage of women where domestic violence was identified by service in November 2014 N.B. ‘Other’ services are not included in Figure 4b due to the small number (n=227) 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 type of referrals made by the health worker.

191 (23.2%) women screened identified themselves as victims of domestic violence and accepted the offer of assistance.

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

- 678 episodes of support given and options discussed were reported- 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.
- 86 reports were made to the Department of Family and Community Services comprising:\footnote{17 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.}
  - 30 (34.9%) by Mental Health services
  - 25 (29.1%) by Maternity services
  - 16 (18.6%) by Alcohol and Other Drugs services
  - 15 (17.4%) by Child and Family Health services
- 64 notifications were made to NSW Police Force comprising:
  - 21 (32.8%) by Maternity services
  - 17 (26.6%) by Mental health services
14 (21.9%) by Child and Family Health services
11 (17.2%) by Alcohol and Other Drugs services
1 (1.5%) other service

242 referrals to other services were also made

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 made self-referrals, or were already linked with services.

Within NSW Health the largest number of referrals were to ‘Social Work – other’ (45), with ‘absorbed into existing caseload’ (30) ‘Safe Start’\(^\text{18}\) (25), ‘Child Wellbeing Unit NSW Health’ (21), and ‘Social Work – Child and Family’ (21) the next most frequent referral outcome. Referrals to services within NSW Health were also made to:

- Mental Health - outpatient
- Drug and Alcohol Team
- Multidisciplinary Case Discussions (no referral)
- Sexual Assault
- Counselling - generalist
- Counselling - specialist DV
- Mental Health - in-patient
- Social Work – Emergency

The highest number of referrals external to NSW Health was made to ‘Family and Community Services’ (20), ‘Domestic Violence Counselling Line’ (16), ‘Private/NGO Counsellor/Psychologist’ (15), and ‘Women’s Refuge’ (15). Other referrals outside the NSW Health system included:

- Domestic Violence Services (including advocacy)
- Brighter Futures
- Police Domestic Violence Liaison Officer
- Relationships Australia
- Women’s Health/Resource Centre
- Aboriginal Medical Service
- Other - Legal Aid
- Benevolent Society
- Centacare
- Child Wellbeing Unit - Police
- Other alternative accommodation
- Parenting Support and Counselling Team

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 36.2% (representing 2,646 occasions) of the reasons given for not screening as shown in Figure 6. Reasons given for not undertaking screening were broken down into:

- 2,646 (36.2%) presence of a partner
- 1,312 (18.0%) presence of others
- 674 (9.2%) other reason
- 117 (1.6%) declined to answer the questions
- 2,555 (35.0%) reason not stated

Reasons for not screening provided in ‘comments’ included:

**Maternity services** – screening is not carried out for private patient bookings; referrals from out of area had attended booking elsewhere.

**Alcohol and Other Drugs services** – client did not attend booked review; client assessment not completed during the snapshot reporting period.

**Child and Family Health services** – partner or other family members are often present, especially with Universal Health Home Visiting programs; patient was already screened by another service.

**Mental Health services** – individual rather than standardised mental health assessment completed; security reasons; short admissions; screened later at inpatient unit; unable to answer questions or non-responsive; mentally unwell; woman not in a relationship.

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19 It is unclear from the collated data whether these comments represent the reported figures on the number of eligible women who presented and were not screened.
Figure 6: Reasons provided for not completing screening in November 2014

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 screened 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. This should 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).

The Office of Kids and Families recognises the efforts of those services that have implemented DVRS in a flexible way to ensure all eligible women are screened, for example those Maternity 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.²⁰

Results by Target Services

Maternity services

Maternity services in all LHDs screen for domestic violence.

5,364 eligible women attended Maternity services, of whom 4,736 (88.3%) were screened.

The percentage of women screened across LHDs ranged from 63.2% in Far West LHD to 100% in South Western Sydney LHD.

Figure 7: Percentage of eligible women screened in Maternity services, November 2014 by LHD

175 (3.7%) of the screened women were identified as having experienced domestic violence in the previous 12 months. Identification rates varied from 1.5% in South Eastern Sydney LHD to 16.7% in Far West LHD as shown in Figure 8.

Figure 8: Percentage of women who disclosed domestic violence in Maternity services in November 2014 by LHD
49 (28%) 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:

- 120 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.
- 25 reports to the Department of Family and Community Services
- 21 notifications to NSW Police Force
- 83 other referrals

The presence of a partner was recorded in 245 occasions (39%) as the reason to not screen in Maternity services.

Figure 9: Number referral and actions taken in Maternity services November 2014 by LHD
Figure 10: Reasons provided for not screening in Maternity services in November, 2014
Alcohol and Other Drugs services

Alcohol and Other Drugs services in all LHDs screen for domestic violence.

Of the 1,284 women attending these services during the snapshot period, 949 (73.9%) were screened. Screening rates varied from 42.9% in Sydney LHD to 100% in Mid North Coast and Southern NSW LHDs as shown in Figure 11.

![Graph showing percentage of eligible women screened in Alcohol and Other Drugs services in November 2014 by LHD](image)

**Figure 11: Percentage of eligible women screened in Alcohol and Other Drugs services in November 2014 by LHD**

205 (21.6%) of the women screened by the Alcohol and Other Drugs services identified as having experienced domestic violence in the previous 12 months.

Identification rates varied across LHDs from 4.9% in Western Sydney LHD to 45.3% in South Western Sydney LHD as shown in Figure 12.

Far West LHD provided combined data for Alcohol and Other Drugs and Mental Health services, for amalgamated results refer to the section on ‘combined Mental Health and Alcohol and Other Drugs’ services.
32 (15.6%) 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:

- 174 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.
- 16 reports to the Department of Family and Community Services
- 11 notifications to NSW Police Force
- 75 other referrals.
As shown in Figure 14, the most common reason given for not screening was ‘other reasons’ n=55 (excluding reason not stated).
**Child and Family Health services**

Child and Family Health services in all LHDs screen for domestic violence.

8,431 eligible women attended Child and Family Health services during the snapshot period. 4,429 (52.5%) of these women were screened.

The screening rate varied from 30.9% in Illawarra Shoalhaven LHD to 84.1% in Western Sydney LHD as shown in Figure 15.

![Figure 15: Percentage of eligible women screened in Child and Family Health services in November 2014 by LHD](image)

Of all eligible women screened, 133 (3%) were identified as having experienced domestic violence in the previous 12 months.

Identification rates varied across LHDs from 1.1% in South Eastern Sydney, Western NSW, and Western Sydney LHDs to 7.4% in Nepean Blue Mountains LHD as shown in Figure 16.
19 (14.3%) 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:

- 142 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
- 15 reports to the Department of Family and Community Services
- 14 notifications to NSW Police Force
- 19 other referrals.
The presence of a partner at screening accounted for 2,321 (58%) of the ‘reasons for not screening’ in Child and Family Health services as shown in Figure 18.
Mental Health services

Mental Health services in all LHDs screen for domestic violence.\(^{21}\)

4,181 women attending these services during the snapshot period were eligible for screening. Of these, 1,921 (45.9\%) were screened.

Screening rates range from 22.8\% in St. Vincent’s Health Network to 73.7\% in South Western Sydney LHD as shown in Figure 19.

![Figure 19: Percentage of eligible women screened in Mental Health services in November 2014 by LHD](image)

283 (14.7\%) women screened in Mental Health services identified as having experienced domestic violence in the previous 12 months.

---

\(^{21}\) In Far West LHD there was a small number of women who were screened in combined Mental Health and Alcohol and Other Drugs Services. This LHD was unable to separate this data into discreet ‘Alcohol and Other Drugs’ and ‘Mental Health’ level data (see ‘Other Services’ for more information).
The percentage of women screened who identified as having experienced domestic violence varied across LHDs from 7.2% in Northern Sydney LHD to 26.3% in Sydney LHD as shown in Figure 20.

![Figure 20: Percentage of women where domestic violence was identified in Mental Health services in November 2014 by LHD](image)

89 (31.4%) 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:

- 222 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
- 30 reports to the Department of Family and Community Services
- 17 notifications to NSW Police Force
- 57 other referrals.
Undocumented reasons account for 83% of reasons for not screening in Mental Health services.

Figure 21: Number of actions taken in Mental Health services in November 2014 by LHD

Figure 22: Reasons for not screening in Mental Health services November 2014
Results in additional services

Many LHDs have elected to introduce screening into other service streams. Combined Mental Health and Alcohol and Other Drugs services conduct routine screening in Far West LHD. This data is reported as a combined total in 2014 as it was unable to be divided into separate Mental Health and Alcohol and Other Drugs data by those services.

Combined Mental Health and Drug and Alcohol services data is reported separately to other Mental Health and/or Alcohol and Other Drugs service totals:

- 32 women attending these services during the Snapshot period were eligible for screening. Of these women 22 (68.8%) were screened
- 3 (9.4%) women identified as having experienced domestic violence in the previous 12 months
- No women accepted assistance
- 7 occasions of support were provided and options discussed.

Women’s Health nursing services

Ten LHDs have implemented screening in Women’s Health nursing services and participated in the 2014 snapshot.

812 eligible women attended Women’s Health nursing services during the snapshot period. Of these eligible women, 757 (93.2%) were screened. Screening rates varied from 81.6% in Southern NSW LHD to 100% in Hunter New England and Northern Sydney LHDs as shown in Figure 23.

![Figure 23: Percentage of eligible women screened in Women’s Health nursing services in November 2014 by LHD](image-url)
18 (2.4%) women were identified as having experienced domestic violence in the previous 12 months. Identification rates varied from nil in Far West, Hunter New England and Northern Sydney LHDs to 9.7% in Southern NSW LHD as shown in Figure 24.

Figure 24: Percentage of women where domestic violence was identified in Women’s Health nursing services in November 2014 by LHD

Two (11.1%) 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:

- 13 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
- 1 notification to NSW Police Force
- 8 other referrals
- No referrals to the Department of Family and Community Services were made.
Undocumented reasons account for 38% of reasons for not screening in Women’s Health services.

**Figure 26: Reasons for not screening in Women’s Health services November 2014**

**South Eastern Sydney Sexual Health services**

South Eastern Sydney LHD undertakes screening in Sexual Health services.

236 eligible women attended these services, of which 227 (96.2%) were screened during the snapshot period.

Seven (3.1%) women screened identified as having experienced domestic violence in the previous 12 months.

No offers of assistance were accepted, and no referrals were made.
Lessons for Practice

In 2014, the Office of Kids and Families commissioned a report by Dr Jo Spangaro from the University of NSW to identify Australian and international best-practice health system responses to domestic violence. The report was co-authored with Jennifer Ruane and demonstrates that strong evidence still supports the process of screening women for domestic violence. The evidence further supports the understanding that screening is beneficial to women experiencing violence, whether or not they disclose at the point of being asked the questions.

The report, Health Interventions for Family and Domestic Violence: A literature review, raises a number of practice questions that the Office of Kids and Families, in consultation with LHDs and Specialty Health Networks, is in the process of reviewing, to identify opportunities to enhance the current domestic violence routine screening process. These opportunities include three areas where work and change is currently underway:

- Improved risk assessment and safety planning processes
- Increasing engagement in multi-agency responses for people who are experiencing domestic violence
- Opportunities for training updates for frontline staff conducting screening

Increasing engagement in multi-agency responses for people who are experiencing domestic violence

The active involvement of NSW Health in the roll-out of Safer Pathway Safety Action Meeting sites has prompted new ways of working in these first two areas. Safety Action Meetings (SAMs) are an initiative of the NSW Government’s It Stops Here Domestic and Family Violence reforms.

A SAM is a fortnightly meeting of interagency partners where agencies share limited but vital information and develop individual Safety Action Plans for people at serious threat from domestic and family violence. Serious Threat is a threshold measured by a common assessment tool (and professional judgement) applied by NSW Police and other agencies in the domestic violence sphere. Safety Action Plans are designed to assist in ensuring the immediate safety of victims of domestic and family violence (and their children) who are assessed as meeting this threshold.

SAMs provide an opportunity for Health workers to contribute vital information to a collaborative multi-agency risk assessment process and to participate directly in safety planning processes. As these reforms continue rolling out throughout the state, this process of information sharing, collaboration and multi-agency responses are expected to increase the safety of people at serious threat through the ready and holistic provision of services where and when they are needed to victims of domestic and family violence.

Opportunities for training updates for frontline staff conducting Domestic Violence Routine Screening

Domestic Violence Routine Screening has always had a pre-requisite of staff training accompanying it. The Office of Kids and Families believes that face to face training is still an essential and required element of overall staff training for DVRS. The recent development and release “Domestic and Family Violence Screening”, an online module by the Health Education and Training Institute (HETI) exploring domestic and family violence, is an excellent complement to the existing compulsory face to face training. The Office of Kids and Families also welcomes it as an introductory module, alongside the module “Recognising Domestic and Family Violence” for staff in non-screening areas to explore the foundational knowledge around domestic and family violence and current knowledge regarding asking clients questions about violence that they may be experiencing. These modules can then be built on with further educational opportunities provided by the NSW Health Education Centre Against Violence which provides specialist courses on violence and abuse.
Improved risk assessment and safety planning processes

Spangaro and Ruane’s *Health Interventions for Family and Domestic Violence: A literature review* makes 46 recommendations in relation to screening for domestic and family violence within NSW Health as a whole. These recommendations have been based on best practice evidence. The Office of Kids and Families welcomes the opportunity to review Domestic Violence Routine Screening processes in light of this report. The process of consultation and collaboration with LHDs and LHNs in light of these recommendations has begun, and will continue over the next 2 years to ensure NSW Health maintains the highest of standards in relation to domestic and family violence screening and response.
## Appendix 1: 2003–2014 November Data Snapshots

### 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>4,036</td>
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<td>18.7%</td>
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<td>10,090</td>
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<td>736</td>
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<td>217</td>
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</tr>
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<td>182</td>
<td>22.1%</td>
<td>191</td>
<td>23.2%</td>
</tr>
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</table>

---

22 Anomalous result.
## Action taken by NSW Health staff as a result of a disclosure of domestic violence

<table>
<thead>
<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>
<th>Referrals inside NSW Health</th>
<th>Referrals outside NSW Health</th>
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<td>5</td>
<td>23</td>
<td>99</td>
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<td>Not asked</td>
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<td>22</td>
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<td>176</td>
<td>136</td>
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<td>2005</td>
<td>27</td>
<td>144</td>
<td>210</td>
<td>140</td>
<td>50</td>
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<td>2006</td>
<td>44</td>
<td>163</td>
<td>251</td>
<td>134</td>
<td>57</td>
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<td>2007</td>
<td>26</td>
<td>146</td>
<td>202</td>
<td>160</td>
<td>71</td>
</tr>
<tr>
<td>2008</td>
<td>53</td>
<td>126</td>
<td>210</td>
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<td>35</td>
<td>114</td>
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<td>201</td>
<td>115</td>
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<td>2010</td>
<td>31</td>
<td>85</td>
<td>268</td>
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<td>66</td>
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<td>2011</td>
<td>53</td>
<td>87</td>
<td>242</td>
<td>219</td>
<td>109</td>
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<tr>
<td>2012</td>
<td>53</td>
<td>78</td>
<td>199</td>
<td>107</td>
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<tr>
<td>2013</td>
<td>34</td>
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<td>201</td>
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<tr>
<td>2014</td>
<td>64</td>
<td>86</td>
<td>242</td>
<td></td>
<td></td>
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<tr>
<td>Year</td>
<td>Presence of partner</td>
<td>Presence of others</td>
<td>Declined to answer questions</td>
<td>Other reason</td>
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<tr>
<td>------</td>
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<td>-------------------</td>
<td>-----------------------------</td>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td>2003</td>
<td>54%</td>
<td>38%</td>
<td>2%</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>2004</td>
<td>32%</td>
<td>27%</td>
<td>1%</td>
<td>19%</td>
<td></td>
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<td>2005</td>
<td>27%</td>
<td>21%</td>
<td>1%</td>
<td>11%</td>
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<td>38%</td>
<td>25%</td>
<td>2%</td>
<td>35%</td>
<td></td>
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<tr>
<td>2011</td>
<td>37%</td>
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<td>2%</td>
<td>33%</td>
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<td>3%</td>
<td>44%</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>38%</td>
<td>23%</td>
<td>1%</td>
<td>38%</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>56%</td>
<td>28%</td>
<td>2%</td>
<td>14%</td>
<td></td>
</tr>
</tbody>
</table>

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 violent/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 2014

### Routine Screening for Domestic Violence: Snapshot 10: 1 - 30 November 2014

<table>
<thead>
<tr>
<th>Local Health District:</th>
<th>Facility:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person:</td>
<td>Phone:</td>
</tr>
<tr>
<td></td>
<td>Email:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Screening:</th>
<th>Action Taken:</th>
<th>Screening not completed due to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>Reason not stated</td>
<td>Are there children involved? Number answered yes</td>
</tr>
<tr>
<td></td>
<td>Are you worried about your children's safety? Number answered yes</td>
<td></td>
</tr>
</tbody>
</table>

**Number - eligible women who presented to the facility

| Number - women screened | Number - DV identified - ie answered yes to Q1 and/or Q2 | Number - answered yes 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

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

** Other Referrals – when domestic violence is identified only

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

| Comments: |
Appendix 4: Data Collection Guidelines

Guidelines for Data Collection Snapshot 12: 1 - 30 November 2014

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 Maternity, Child and Family Health, Mental Health, and Alcohol and Other Drugs. Services in addition to the four target services, who undertake screening, should also be included in the Snapshot data.

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 2014 data collection snapshot will occur from 1 - 30 November 2014 inclusive.

**PLEASE NOTE:**

Changes to the definition of ‘eligible women’ at point six

Emphasis that women are eligible for DVRS irrespective of relationship status

Guidance outlined to ensure that the numbers of women who are unsafe to go home and/or require assistance are counted only where Domestic Violence was identified

Data validation has been built into the Excel spreadsheet

The addition of three questions regarding children – this data will not be published in 2014

LHDs should complete the ‘Domestic Violence Routine Screening LHD All Programs – Snapshot Template – November 2014.XLSX’ for appropriate authorisation. Collated data is to be forwarded to NSW Kids and Families in Excel (.xlsx) format only by 27 February 2015.

For further information please contact: Erin Cahill or Sen Lin, Senior Analysts, Office of Kids and Families on 9391 /9482 t@doh.health.nsw.gov.au or selin@doh.health.nsw.gov.au

Explanatory Notes for completing data snapshot, November 2014:

1. ‘Facility’ refers to the specific site e.g. X Maternity 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 2014’.
4. Please collate the completed ‘DVRS Data Collection - Service level template 2014’ returns using the ‘LHD All Programs - Snapshot Template - November 2014.XLSX’. This form must be completed electronically and submitted to NSW Kids and Families in Excel format only. This form contains separate sheets for total program stream data; i.e. Child and Family Health, Alcohol and Other Drugs, Mental Health, Maternity Services and other services:
   - 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 within a program stream (ie: Tresillian, Karitane, etc) undertake screening please add these to reach the relevant program total (ie: Child and Family Health) and provide explanatory comments.
   - The data will be automatically totalled into the ‘LHD – All totals’ worksheet.
5. Column 1 is the total number of ‘eligible women’ who presented during 1-30 November inclusive. Eligible women, is defined as:

   All women attending Maternity and Child and Family Health services, and women aged 16 and over attending Mental Health, Alcohol and Other Drugs, or other services, who attend in the month of November that:
   - Are new presentations to the service; or
- Have not been screened by your service within the last 12 months; or
- Previous attempts to screen were unable to be completed.

**N.B. A woman is eligible irrespective of her current relationship status.**

6. Column 2 is total number of all eligible women for whom the screening form was completed.

7. Column 3 is the total number of women who answered “yes” to question 1 and/or question 2. Question 3 and question 4 should only be asked if domestic violence was identified.

8. Column 4 is the total number of women who answered “no” to question 3.

9. Column 5 is the total number of women who answered “yes” to question 4.

10. Action Taken, columns 4-9, is only to be completed where domestic violence is identified in questions 1 and/or 2.

11. 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.

12. The ‘Action Taken’ section, asks for total numbers of Police notifications (Column 7), total numbers of Department of Community Services reports (Column 8), and total numbers of referrals to any service (column 9). Count all such actions taken. Individual women may be the subject of more than one of these actions, therefore need to be counted in each category. Only include women for whom domestic violence was identified through screening. Do not include referrals made where domestic violence was not identified.

13. 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.

14. Check that the total for Columns 10-13 should equal the difference between columns 1 and 2.

15. You do not need to enter any data into column 14, this updates automatically.

16. Please complete columns 15 and 16 regarding the presence of children and their safety in accordance with the 2006 amendments to the NSW Health DV Policy. **N.B. This data will not be reported in the 2014 Snapshot Report.**

17. 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, i.e. referrals to counselling for historical experiences of domestic violence.

18. If available, AMIHS data should be provided as an extra line on the ‘Maternity’ 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 Maternity clients.

19. The ‘Comments’ section allows for any comments a service may wish to make. Please attach another sheet if space is insufficient.

20. 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>
</tr>
</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>
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<tr>
<td>NNSW LHD</td>
<td>Northern NSW Local Health District</td>
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<tr>
<td>NS LHD</td>
<td>Northern Sydney Local Health District</td>
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<tr>
<td>SES LHD</td>
<td>South Eastern Sydney Local Health District</td>
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<tr>
<td>SWS LHD</td>
<td>South Western Sydney Local Health District</td>
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<tr>
<td>SNSW LHD</td>
<td>Southern NSW Local Health District</td>
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<tr>
<td>S LHD</td>
<td>Sydney Local Health District</td>
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<tr>
<td>WNSW LHD</td>
<td>Western NSW Local Health District</td>
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<tr>
<td>WS LHD</td>
<td>Western Sydney Local Health District</td>
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</tbody>
</table>
## Glossary

<table>
<thead>
<tr>
<th>Phrase</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Accepted offer of assistance</td>
<td>Measure of the number of 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>
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<tr>
<td>Action taken</td>
<td>Measures responses to women who were screened</td>
</tr>
<tr>
<td></td>
<td>Includes support given and options discussed, Police notifications, Department of Community Services (now Community Services) reports, and other referrals</td>
</tr>
<tr>
<td></td>
<td>Individual women may be in more than one category and therefore counted more than once.</td>
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<tr>
<td></td>
<td>Action taken is only to be completed when domestic violence was identified, not for other reasons</td>
</tr>
<tr>
<td>Additional services</td>
<td>Includes sexual assault services, sexual health services and youth health services</td>
</tr>
<tr>
<td>Area Health Service (AHS)</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>The eight Area Health Services were:</td>
</tr>
<tr>
<td></td>
<td>- Greater Southern</td>
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<tr>
<td></td>
<td>- Greater Western</td>
</tr>
<tr>
<td></td>
<td>- Hunter New England</td>
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<td></td>
<td>- North Coast</td>
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<td></td>
<td>- Northern Sydney Central Coast</td>
</tr>
<tr>
<td></td>
<td>- South Eastern Sydney Illawarra</td>
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<tr>
<td></td>
<td>- Sydney South West</td>
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<tr>
<td></td>
<td>- Sydney West</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>NSW Health definition:</td>
</tr>
<tr>
<td></td>
<td>“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.”</td>
</tr>
<tr>
<td>Local Health District (LHD)</td>
<td>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:</td>
</tr>
<tr>
<td></td>
<td><strong>Metropolitan NSW</strong></td>
</tr>
<tr>
<td></td>
<td>Central Coast, Illawarra Shoalhaven, Nepean Blue Mountains, Northern Sydney, South Eastern Sydney, South Western Sydney, Sydney, Western</td>
</tr>
<tr>
<td>Ministry</td>
<td>NSW Ministry of Health</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------------------------</td>
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</tbody>
</table>
| Other Referrals                               | Asks for more detailed information regarding all 'other referrals' and whether these are within the public health system e.g. to a Maternity 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 Maternity 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. |