

Prevention and Response to Violence Abuse and Neglect Unit

DOMESTIC VIOLENCE ROUTINE SCREENING

**NOVEMBER 2015
SNAPSHOT 13**



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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 13 years. The Prevention and Response to Violence Abuse and Neglect Unit (PARVAN), 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 2015 Snapshot has revealed that the overall number of eligible women presenting to facilities has increased. However, there has been a slight decrease in screening rate from the previous year from 64.1 per cent to 63.5 per cent of eligible women. The disclosure rate of women experiencing domestic violence in the previous 12 months at the State level remained stable at 6.4 per cent. In specific areas:

- The screening rates in Maternity, and Women's Health services remained above 88 per cent
- Screening uptake in Alcohol and Other Drugs services was 79 per cent, up from 74 per cent in November 2014. The screening rate also improved in Mental Health services to 52 per cent, up from 46 per cent in the previous year.
- Child and Family Health services screened 49 per cent of eligible women, a decrease from 53 per cent in November 2014
- The disclosure rate in Mental Health (16.1%) and Alcohol and Other Drugs services (19.1%) was high compared with the average across all services (6.3%).

Key Findings: November 2013 – November 2015

The key findings for the November Snapshot in the past three years are listed below.

Category	2015	2014	2013
Eligible women who attended a participating service	24,465	20,340	25,062
Eligible women who were screened	15,539 (63.5% of eligible women)	13,041 (64.1% of eligible women)	14,940 (59.6% of eligible women)
Eligible women screened who were identified as having experienced domestic violence in the previous 12 months	991 (6.4% of women screened)	824 (6.3% of women screened)	826 (5.5% of women screened)
Women accepting an offer of assistance	256 (25.8% of women identified as having experienced domestic violence)	191 (23.2% of women identified as having experienced domestic violence)	219 (26.5% of women identified as having experienced domestic violence)
Notifications, Referrals, Support given (Reports to the Department of Family and Community Services (FACS), Notifications/reports to the NSW Police Force, Other) *Some women may have multiple referrals	1,154	1,070	861

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 partner¹.

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, while both men and women report substantial levels of violence, women are far more likely than men to have experienced domestic and sexual violence⁴. 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 suicide⁵. 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.

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

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

⁴ Australian Bureau of Statistics, Personal Safety, Australia, 2012, accessed at: <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4906.0Chapter7002012>.

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

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

⁷ Taft A, Watson L, and Lee C (2004) 'Violence Against Young Australian Women and Association with Reproductive Events: A Cross-Sectional Analysis of a National Population Sample', Aust N Z J Public Health, Vol. 28, pp324-9.

⁸ Friedman LS, Samet JH, Roberts MS, Hudlin M and Hans P (1992) Inquiry about victimization experiences, a survey of patient preferences and doctor practices, Archives of Internal Medicine 152, 1186-1190.

⁹ Irwin J, Waugh F, (2001) Unless they're asked: Routine screening for domestic violence in NSW Health – an evaluation report of the pilot project, NSW Health.

NSW Health's Domestic Violence Routine Screening program

Since 2001 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 violence¹⁰.

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:

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

“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 children¹². 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.

¹¹ For information and resources on when and how to make a mandatory report, refer to: <http://www.community.nsw.gov.au/kts/reporting/mrg2> .

¹² Health Records and Information Privacy Act 2002 (NSW) Handbook to health privacy, p. 28. Available at: http://www.ipc.nsw.gov.au/sites/default/files/file_manager/hripa_health_handbook.pdf .

2015 Domestic Violence Routine Screening Snapshot Report

Key data from each of the years 2003 to 2015 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– 30 November 2015. The same methodology has been applied in each snapshot since 2003. This data was then provided to the Prevention and Response to Violence Abuse and Neglect Unit 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 2015 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 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 statewide 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 2015 Snapshot include:

- 24,465 eligible women attended a participating service
- 15,539 (63.3%) of eligible women were screened
- 991 (6.4% of women screened) eligible women screened were identified as having experienced domestic violence in the previous 12 months
- 256 (23.2%) women who identified domestic violence accepted an offer of assistance
- There were 1,154 instances of support being given and options discussed, 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 2015

Screening was conducted in all target services in the 15 LHDs and one Specialty Health Network. Women's Health nursing services returned snapshot data in nine LHDs. In Far West LHD, Alcohol and Other Drugs data is combined with that of Mental Health services. The LHD services providing data for the 2015 snapshot are listed in Table 1.

Local Health Districts	Maternity services	Alcohol and Other Drugs	Child and Family Health	Mental Health services	Women's Health nursing	Additional services ¹³
Central Coast	✓	✓	✓	✓	✗	✗
Far West	✓	Combined with Mental Health	✓	Combined with Alcohol and Other Drugs	✗	✗
Hunter New England	✓	✓	✓	✓	✓	✗
Illawarra Shoalhaven	✓	✓	✓	✓	✓	✗
Mid North Coast	✓	✓	✓	✓	✓	✗
Murrumbidgee	✓	✓	✓	✓	✓	✗
Nepean Blue Mountains	✓	✓	✓	✓	✓	✗
Northern NSW	✓	✓	✓	✓	✓	✗
Northern Sydney	✓	✓	✓	✓	✓	✗
South Eastern Sydney	✓	✓	✓	✓	✗	✓
South Western Sydney	✓	✓	✓	✓	✗	✗
Southern NSW	✓	✓	✓	✓	✓	✗
Sydney	✓	✓	✓	✓	✗	✗
Sydney Children's Hospitals Network	✗	✗	✓	✗	✗	✗
Western NSW	✓	✓	✓	✓	✓	✗
Western Sydney	✓	✓	✓	✓	✗	✗

¹³ Additional programs include sexual health services.

Total number of eligible women presenting to a DVRS service, November 2015

A total of 24,465 women were identified as 'eligible' for screening by all services participating in the screening snapshot in November 2015. 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 10,304 women. This equates to approximately 42 per cent of all eligible women presenting to DVRS services during the month of the snapshot.

By service, this comprises:

- 10,304 in Child and Family Health services
- 6,353 in Maternity services
- 5,253 in Mental Health services
- 1,463 in Alcohol and Other Drugs services
- 825 in Women's Health nursing services
- 26 in combined Mental Health and Alcohol and Other Drug services
- 241 in other services.

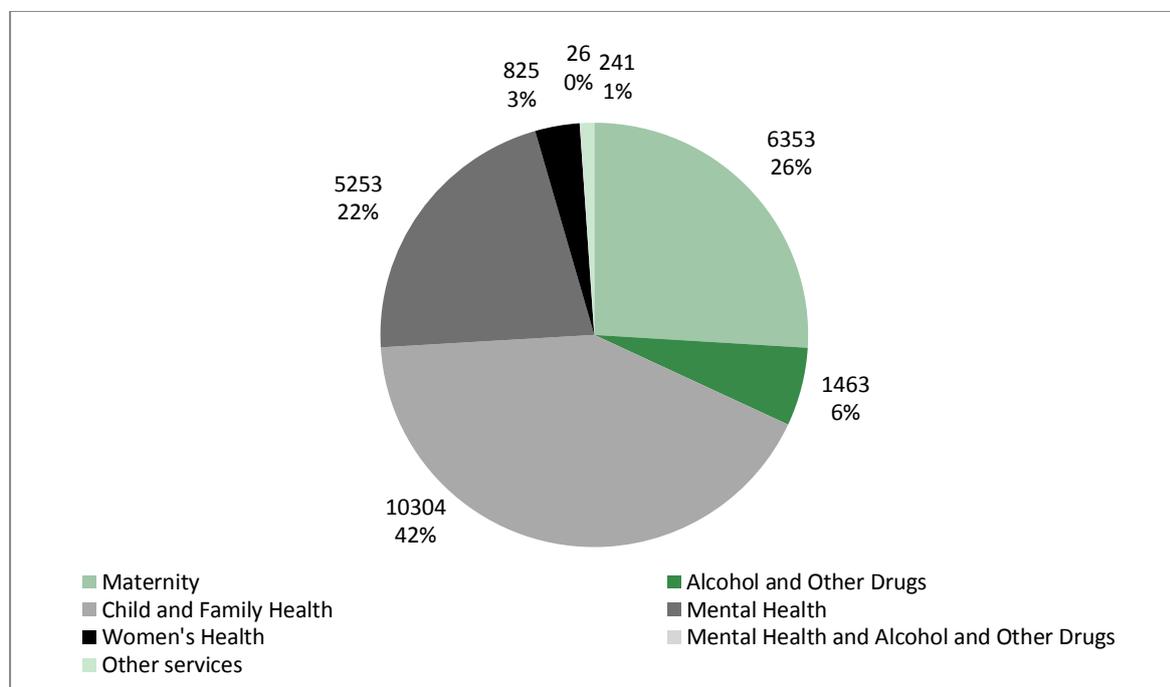


Figure 1: Screening conducted by program in LHDs in November 2015

Total number and percentage of women screened

The number of women screened by service is shown in Figure 2. In 2015, the number of women screened during the month of November for each service was:

- 5,726 in Maternity services
- 1,151 in Alcohol and Other Drugs services
- 4,995 in Child and Family Health services
- 2,707 in Mental Health services
- 727 in Women's Health nursing services
- 13 in combined Mental Health and Alcohol and Other Drug services¹⁴
- 220 in other services.

¹⁴ In Far West LHD, there were 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.

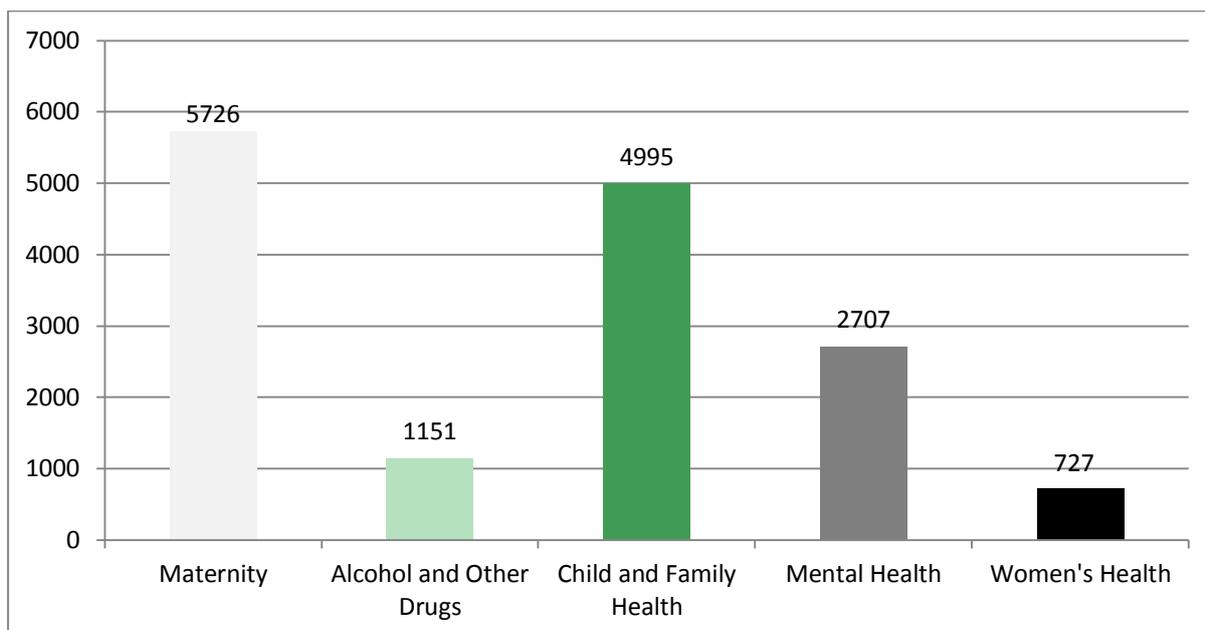


Figure 2: Number of eligible women screened by services in November 2015¹⁵

N.B. 'Other' programs and the data from two combined Mental Health and Alcohol and Other Drugs services are not included in Figure 2 due to small numbers.

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, 15,539 (63.5%) were screened.

Women screened as a percentage of eligible women across all services participating in the screening snapshot in November 2015 by LHD is shown in Figure 3a. The screening rate varied from 41.4 per cent in Central Coast LHD to 97.4 per cent in Northern Sydney LHD.

¹⁵ Other service data and the data from the combined Mental Health and Alcohol and Other Drugs services are not included in Figures 2, 3 and 4 due to the small number of screened women represented in this data set: n=13. The combined Mental Health and Alcohol and Other Drugs data has a very minimal impact on the overall totals for Mental Health and Alcohol and Other Drugs in particular, as the number of women was small in proportion to the numbers screened by Alcohol and Other Drugs services (n=1,151) and Mental Health services (n=2,707).

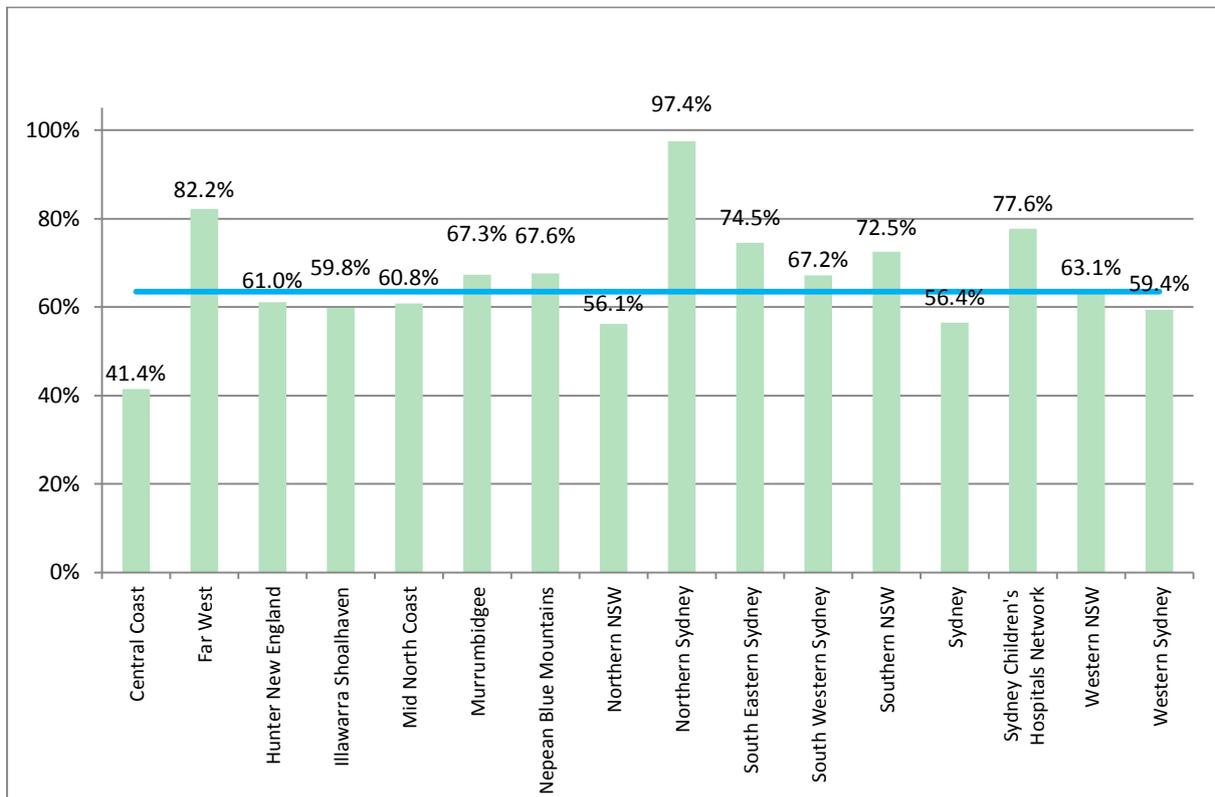


Figure 3a: Percentage of eligible women screened by LHD in November 2015

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 Maternity services (90.1%), and the lowest percentage of women screened in Child and Family Health services (48.5%).

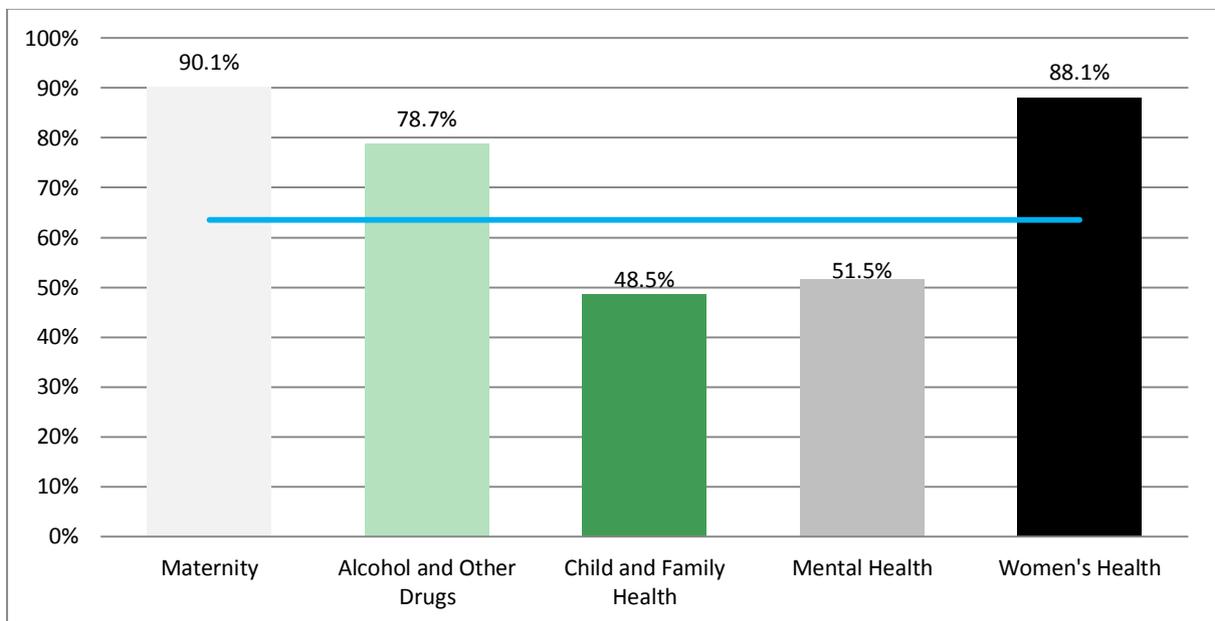


Figure 3b: Percentage of eligible women screened by service area in November 2015

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, 991 (6.4%) 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 2015 by LHD is shown in Figure 4a. The highest level of identification was in Mid North Coast LHD (10.5%) with a similar proportion in Southern NSW LHD (10.4%). The lowest percentage of women disclosing experiencing domestic violence was in the Sydney Children's Hospitals Network (1.1%).

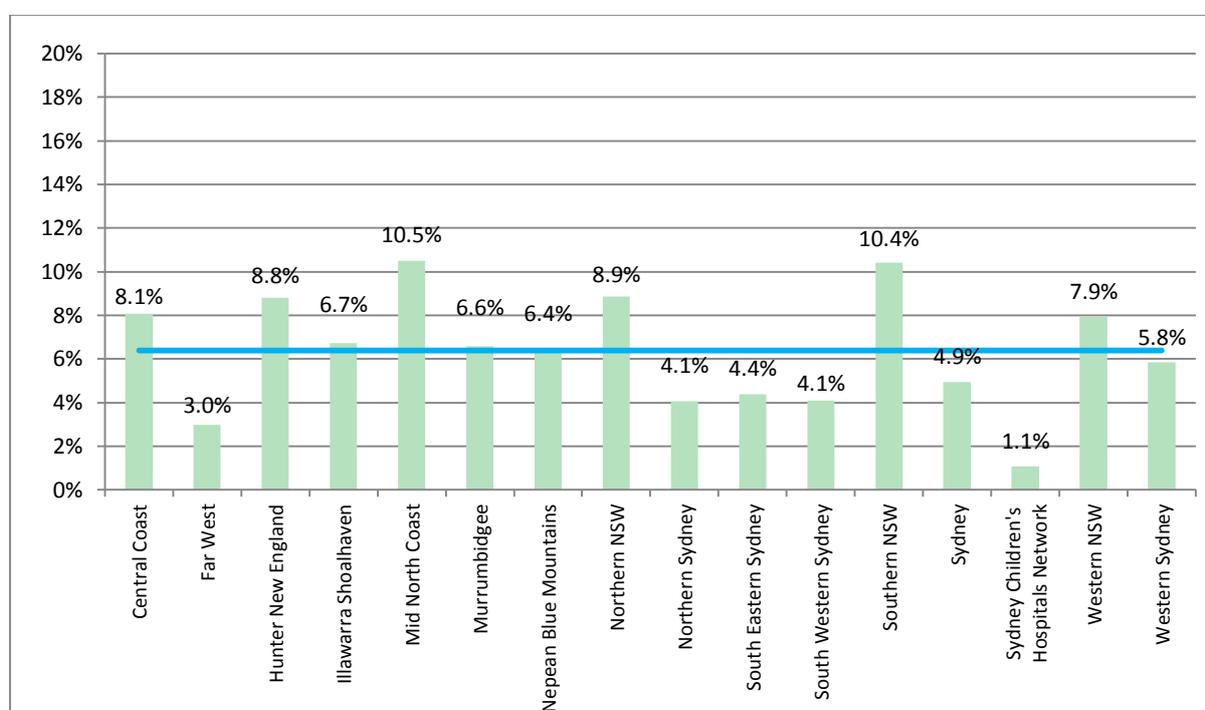


Figure 4a: Percentage of women where domestic violence was identified by LHD in November 2015

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 Alcohol and Other Drugs and Mental Health services. The lowest level of identification was in Child and Family Health services (2.2%). In the 'other service' category, 10 out of 220 (4.5%) women identified domestic violence.

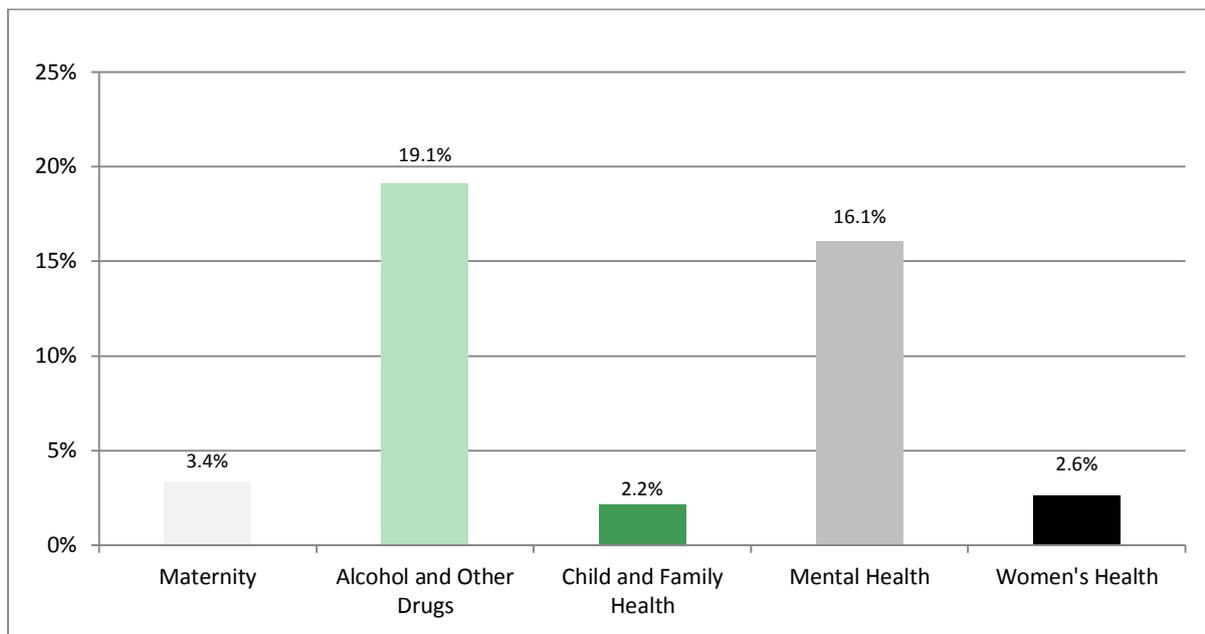


Figure 4b: Percentage of women where domestic violence was identified by service in November 2015
 N.B. 'Other' services are not included in Figure 4b due to the small number (n=220) of screened women.

Actions taken and referrals made by health worker

This section describes whether women identified as a victim of domestic violence accepted an offer of assistance and the type of assistance provided by the health worker.

Two hundred and fifty-six (25.8%) women screened identified themselves as victims of domestic violence and accepted the offer of assistance.

Seven hundred and thirty-seven 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.

The number of referrals to the Department of Family and Community Services and to NSW Police Force is shown in Table 1¹⁶.

¹⁶ 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.

Table 1

	Notifications made to Department of Family and Community Services	Notifications made to NSW Police Force
Mental Health Services	50 (47.6%)	31 (57.4%)
Maternity Services	23 (21.9%)	6 (11.1%)
Alcohol and Other Drugs	11 (10.5%)	9 (16.7%)
Child and Family Services	19 (18.1%)	6 (11.1%)
Women's Health Services	2 (1.9%)	1 (1.9%)
Other Services	-	1 (1.9%)
Total	105 (100%)	54 (100%)

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.

A further 259 referrals to other services were also made. Within NSW Health, the largest number of referrals were absorbed into existing caseloads (56), followed by referrals to 'Social Work – other' (37), 'Social Work – Child and Family' (34), and 'Safe Start' (20) the next most frequent referral outcome. Referrals to services within NSW Health were also made to:

- Counselling - generalist
- Drug and Alcohol Team
- Child Wellbeing Unit
- Mental Health - outpatient
- Multidisciplinary Case Discussions (no referral)
- Counselling - specialist DV
- Mental Health - inpatient
- Sexual Assault
- Family Care Midwife
- Other.

The highest number of referrals external to NSW Health was made to 'Domestic Violence Counselling Line' (25), 'Other' (18), 'Police Domestic Violence Liaison Officer' (17), and 'Family and Community Services' (17). Other referrals outside the NSW Health system included:

- Domestic Violence Service (including advocacy)
- Women's Health/Resource Centre
- Women's Refuge
- Brighter Futures
- Private/NGO Counsellor/Psychologist
- Benevolent Society
- Parenting Support and Counselling Team
- Other alternative accommodation
- Staying Home Leaving Violence
- Aboriginal Medical Service
- Centacare.

Responses to 'Actions Taken' are shown in Figure 5 below.

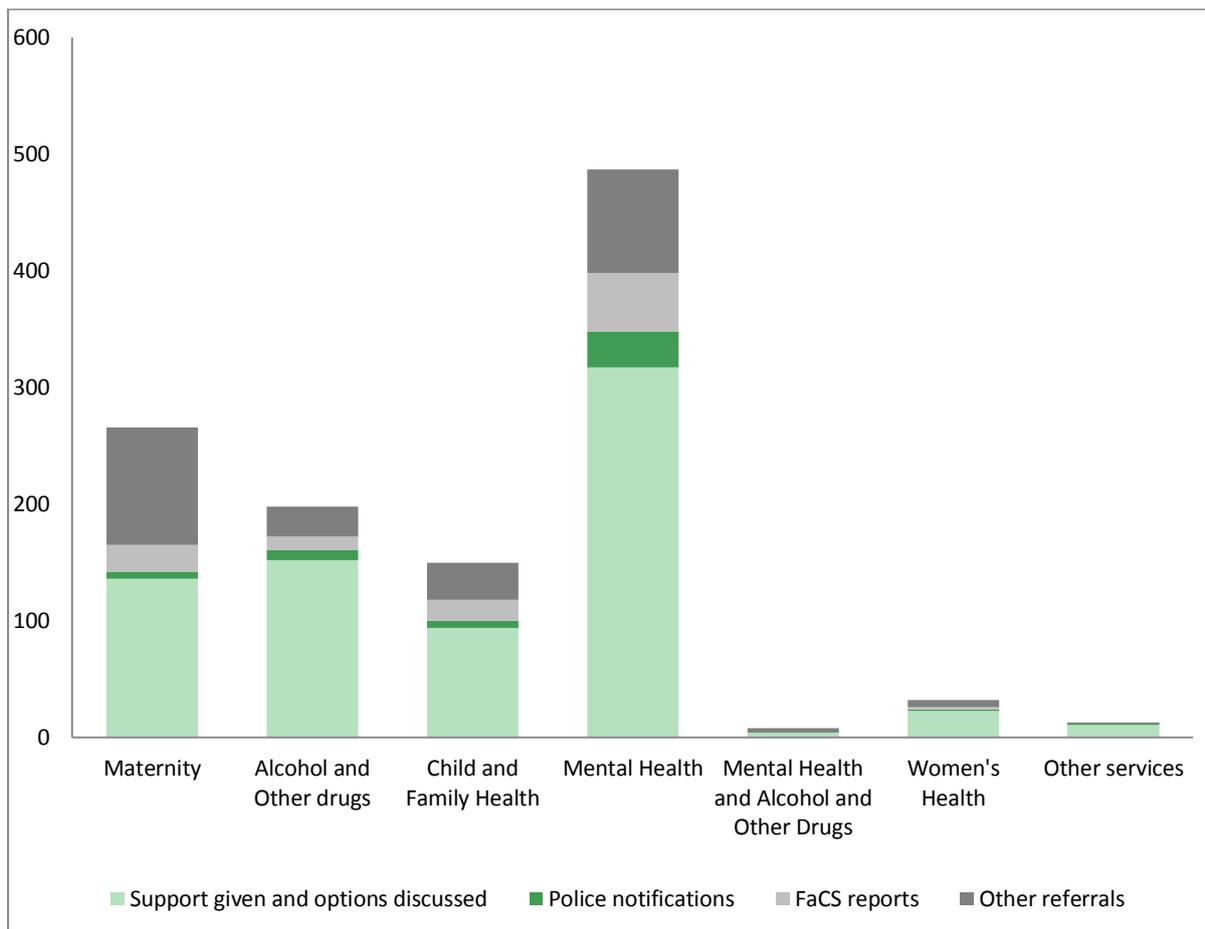


Figure 5: Number of referrals and actions taken by all services in November 2015

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 56.6 per cent (representing 5,038 occasions) of the reasons given for not screening as shown in Figure 6. Reasons given for not undertaking screening were broken down into:

- 3,075 (34.5%) presence of a partner
- 1,963 (22.0%) presence of others
- 695 (7.8%) other reason
- 148 (1.7%) declined to answer the questions
- 3,024 (34.0%) reason not stated.

Reasons for not screening provided¹⁷ in 'comments' included:

- **Maternity services** – no interpreter, or interpreter service did not allow enough time for screening; patient was registered only as birth alert received
- **Alcohol and Other Drugs services** – client stated Mental Health already referred her to domestic violence services to be followed up; client was already previously referred to the ADVICE Team

¹⁷ 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.

- **Child and Family Health services** – mother already referred to services prior to giving birth and seeing Violence, Abuse and Neglect counsellor; partner or other family members are often present, especially with Universal Health Home Visiting programs¹⁸, the transition to the CHOC eMR system made it difficult for staff to remember to screen each client
- **Mental Health services** – Domestic violence screening tool was in an obscure location in the CHOC eMR system; patient was screened in the inpatient unit or on the ward where domestic violence had already been identified
- **Women’s Health services** – fewer staff members in this program due to program restructuring.

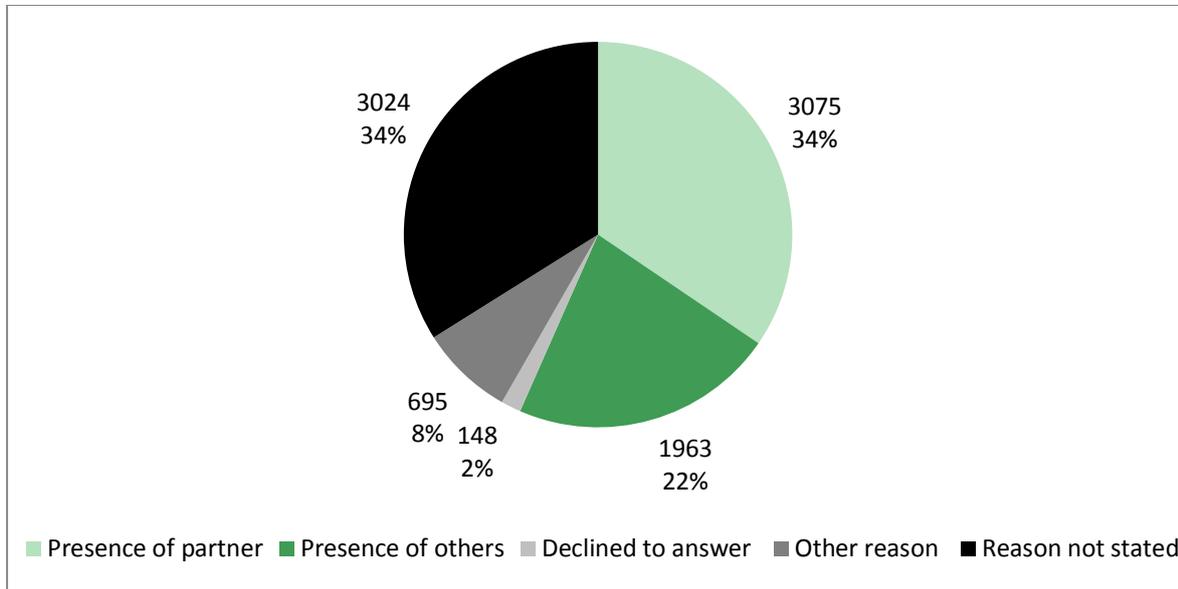


Figure 6: Reasons provided for not completing screening in November 2015

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 Prevention and Response to Violence Abuse and Neglect Unit 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.

¹⁸ Child and Family Health services in NSW work from a family-centred partnership approach. This means that partners are often present, especially for the universal health home visit which is usually the family's first appointment with the service. Extended family members are also welcomed, and frequently a mother and baby is accompanied by a grandparent and/or older children in the family. Because the presence of another adult or a child over three is a contra-indication to administering DVRS, the nature of service provision is likely to contribute to the number of women unable to be screened due to presence of partner or others - together these two reasons accounted for 86% of cases where screening of eligible women was not completed by Child and Family Health services in the 2015 Snapshot.

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 status¹⁹.

¹⁹ See Campbell JC, Webster D, Koziol-McLain J, Block CR, Campbell DW, Curry MA, Gary F, McFarlane JM, Sachs C, Sharps P, Ulrich Y, Wilt SA. Assessing Risk Factors for Intimate Partner Homicide National Institute of Justice journal 2003; (250): 14-19.

Results by Target Services

Maternity services

Maternity services in all LHDs screen for domestic violence.

Of the 6,353 eligible women who attended Maternity services, of whom 5,726 (90.1%) were screened.

The percentage of women screened across LHDs ranged from 69.0 per cent in Western NSW LHD to 99.3 per cent in South Western Sydney LHD.

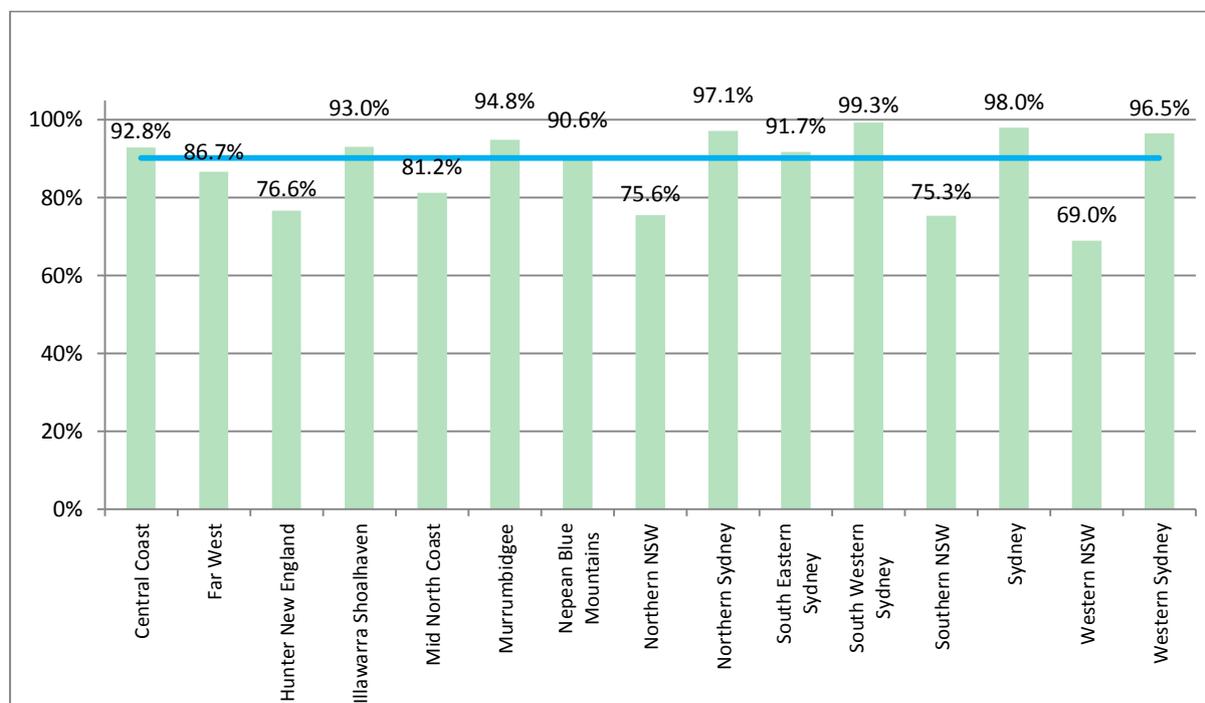


Figure 7: Percentage of eligible women screened in Maternity services, November 2015 by LHD

One hundred and ninety-two 192 (3.4%) of the screened women were identified as having experienced domestic violence in the previous 12 months. Identification rates varied from nil in Far West LHD to 8.8 per cent in Mid North Coast LHD as shown in Figure 8.

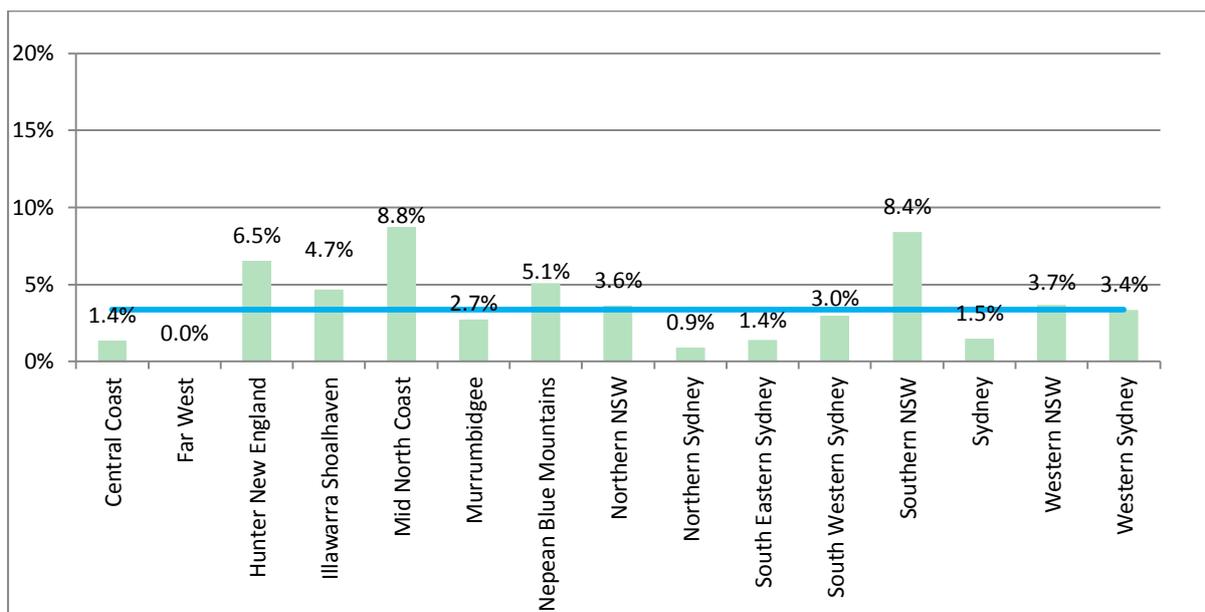


Figure 8: Percentage of women who disclosed domestic violence in Maternity services in November 2015 by LHD

Forty (21%) 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:

- 136 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
- 23 reports to the Department of Family and Community Services
- 6 notifications to the NSW Police Force
- 101 other referrals.

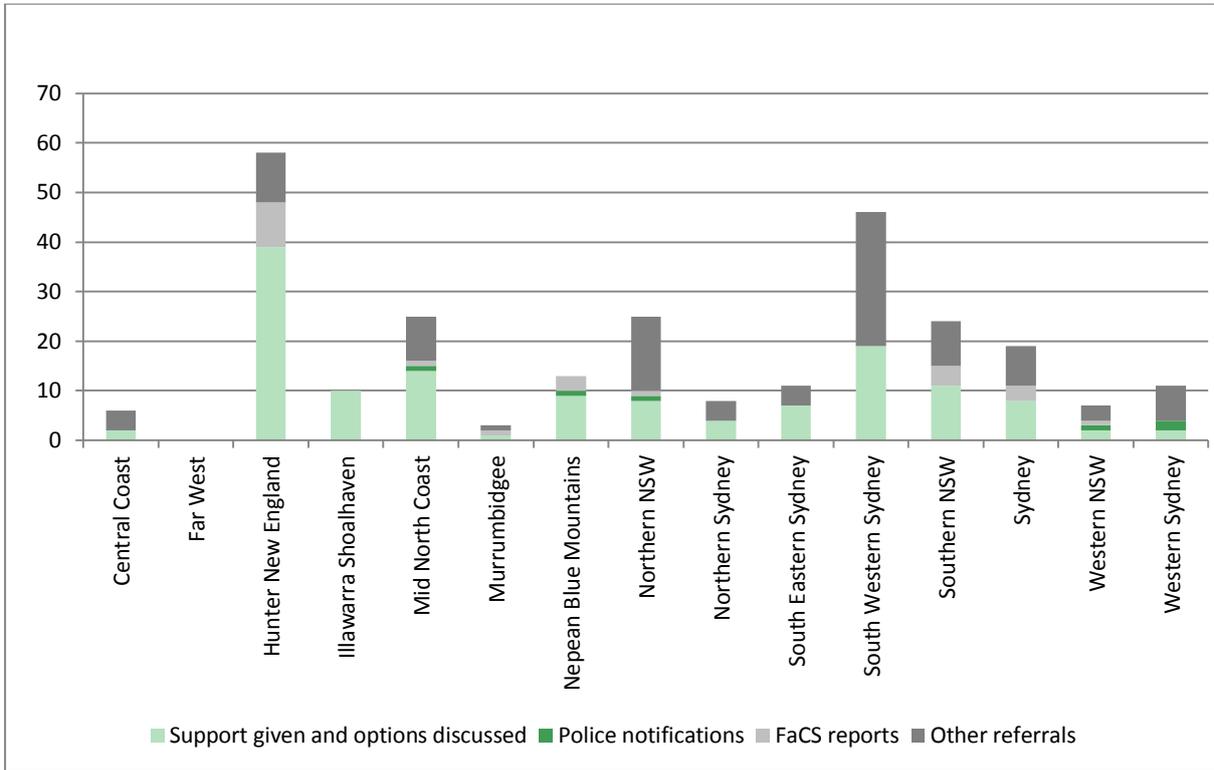


Figure 9: Number of referrals and actions taken by Maternity services November 2015 by LHD

The presence of a partner was recorded in 193 occasions (32%) as the reason to not screen in Maternity services.

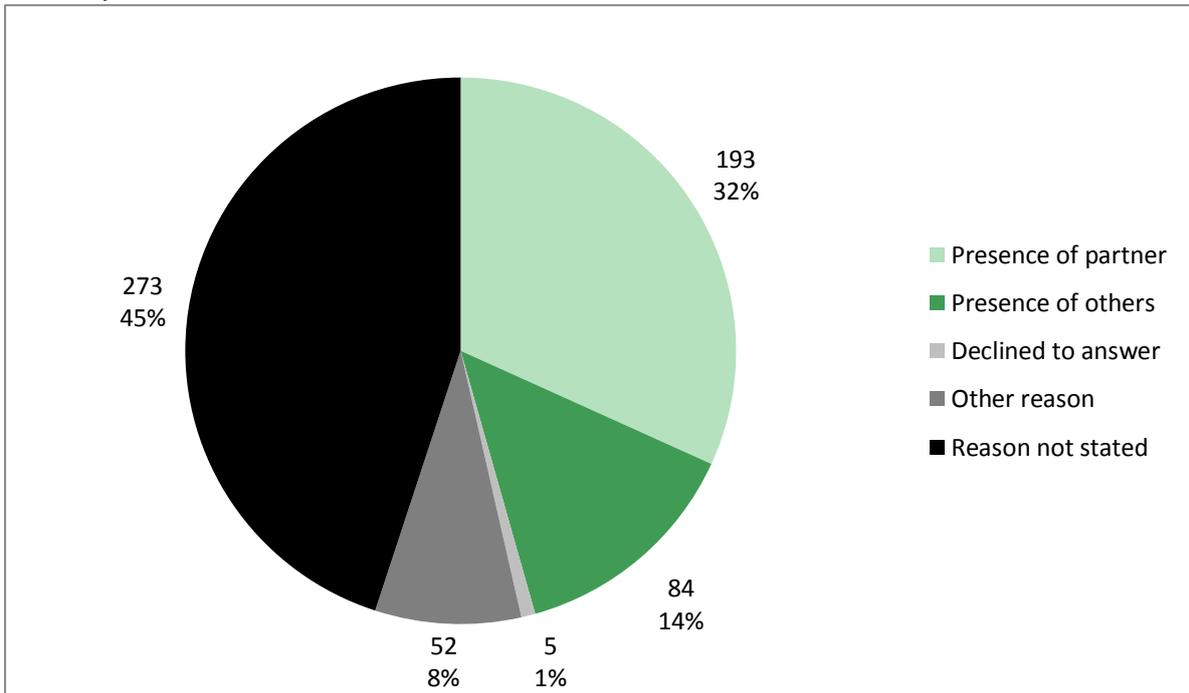


Figure 10: Reasons provided for not screening in Maternity services in November 2015

Alcohol and Other Drugs services

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

Of the 1,463 women attending these services during the snapshot period, 1,151 (78.7%) were screened. Screening rates varied from 17.8 per cent in Western Sydney LHD to 100 per cent in Northern Sydney LHD as shown in Figure 11.

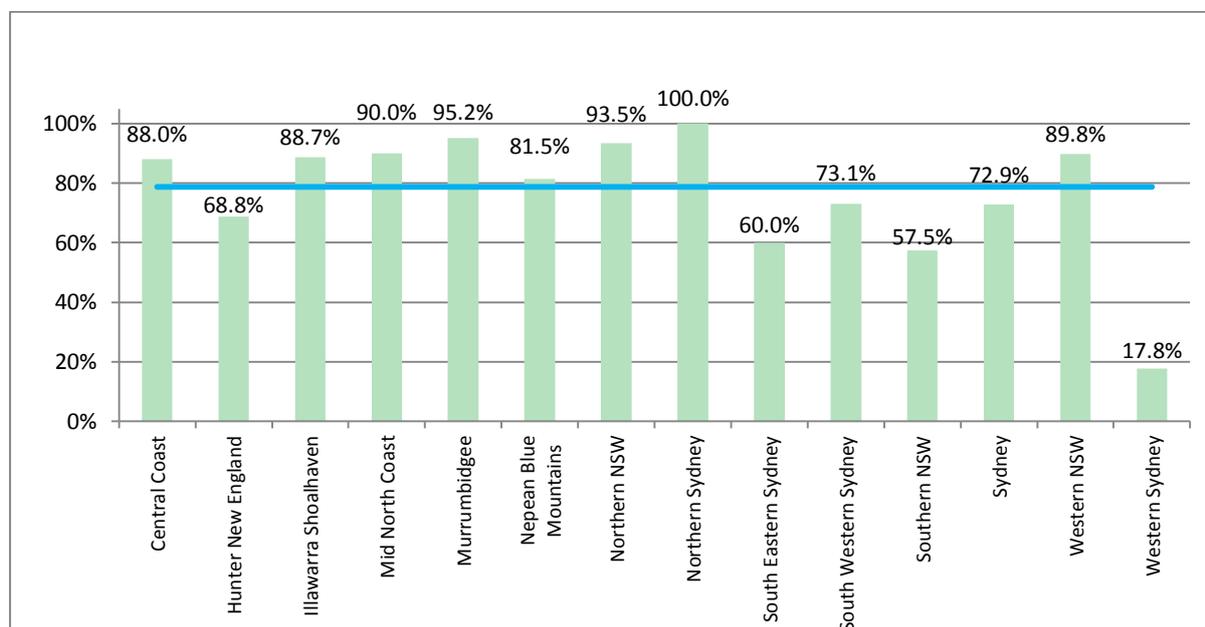


Figure 11: Percentage of eligible women screened in Alcohol and Other Drugs services in November 2015 by LHD

Two hundred and twenty (19.1%) 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 10.5 per cent in South Western Sydney LHD to 33.3 per cent in South Eastern Sydney and Western Sydney LHDs 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.

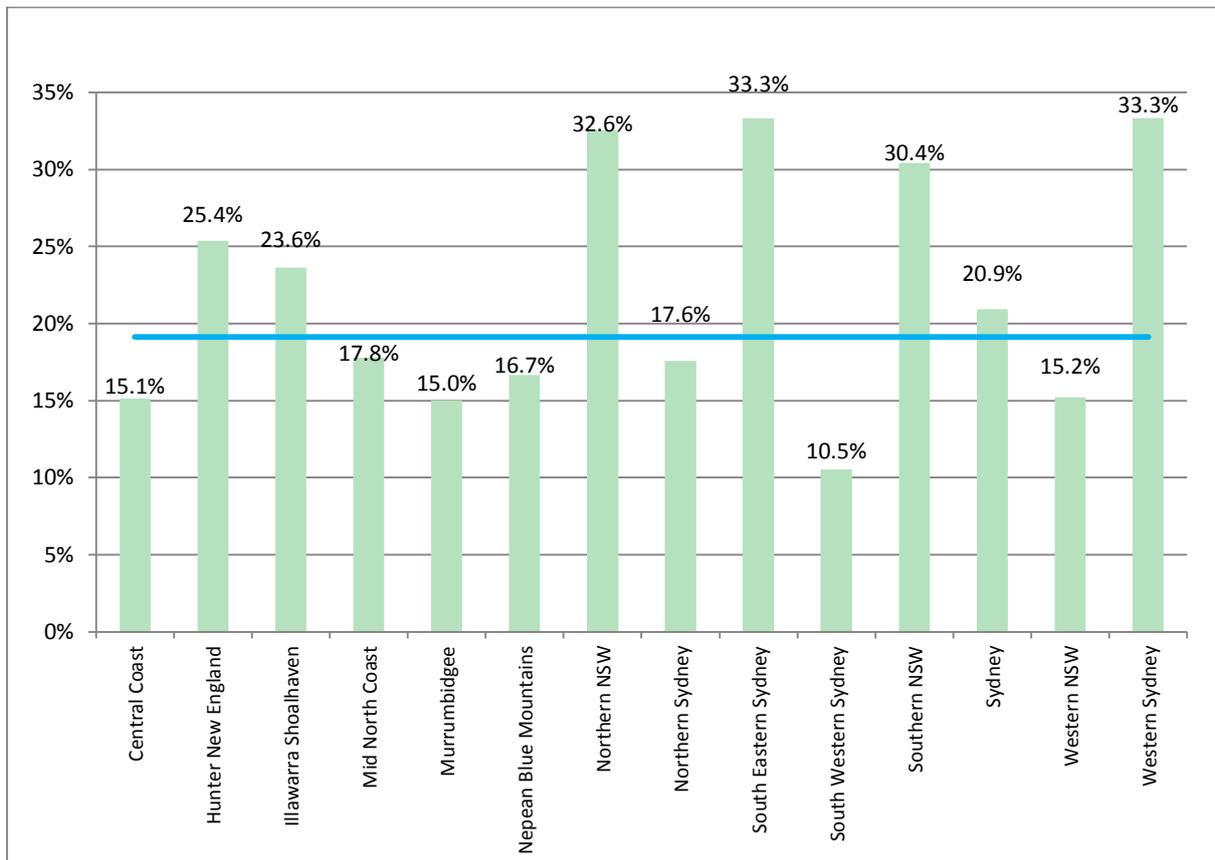


Figure 12: Percentage of women where domestic violence was identified in Alcohol and Other Drugs services in November 2015 by LHD

Thirty one (14.1%) 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:

- 152 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
- 11 reports to the Department of Family and Community Services
- 9 notifications to NSW Police Force
- 26 other referrals.

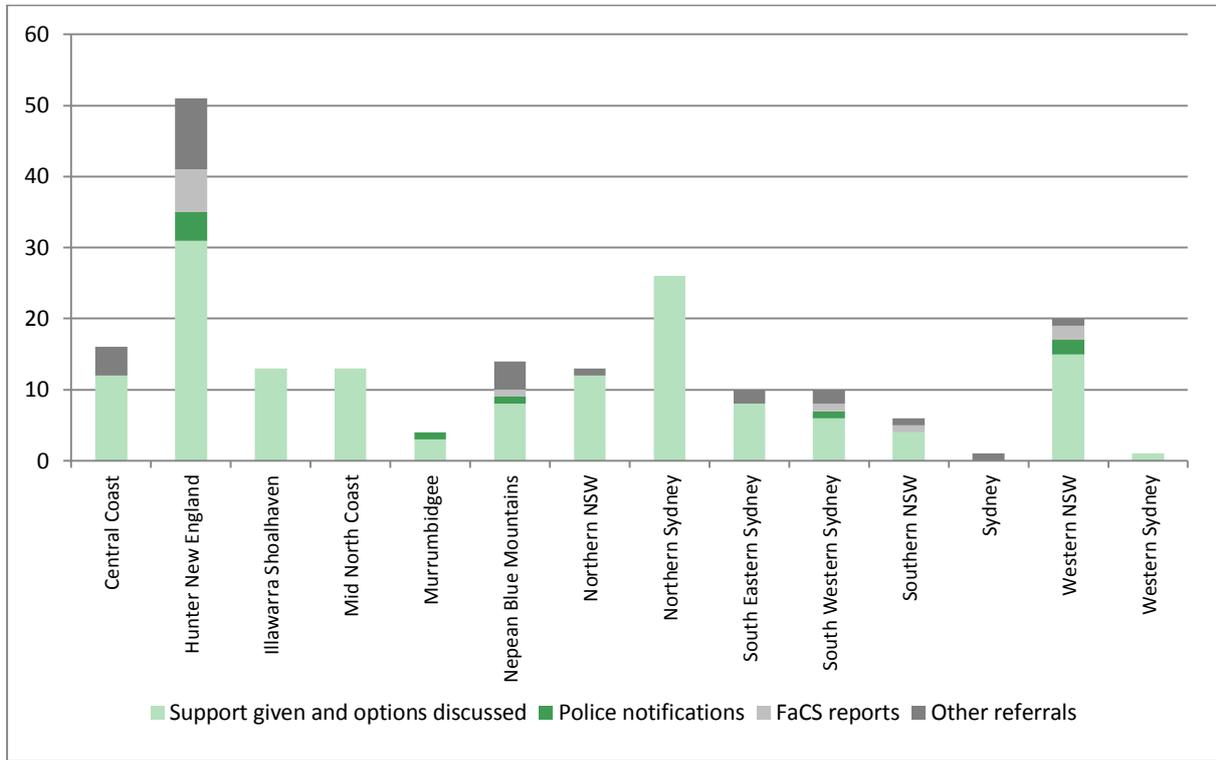


Figure 13: Number of referrals and actions taken by Alcohol and Other Drugs services in November 2015 by LHD

As shown in Figure 14, the most common reason given for not screening was 'other reasons' n=25 (excluding reason not stated).

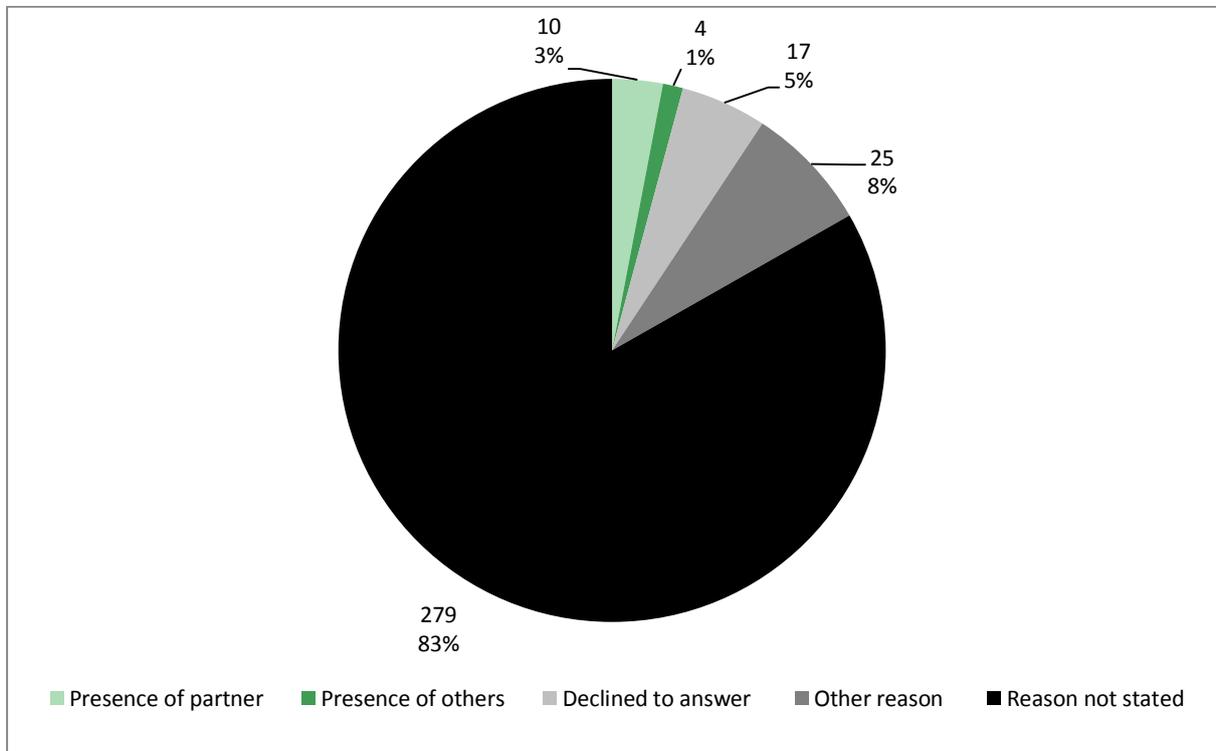


Figure 14: Reasons for not screening in Alcohol and Other Drugs services in November 2015

Child and Family Health services

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

During the snapshot period, 10,304 eligible women attended Child and Family Health services. Of these, 4,995 (48.5%) women were screened.

The screening rate varied from 23.0 per cent in Western Sydney LHD to 98.8 per cent in Northern Sydney LHD as shown in Figure 15.

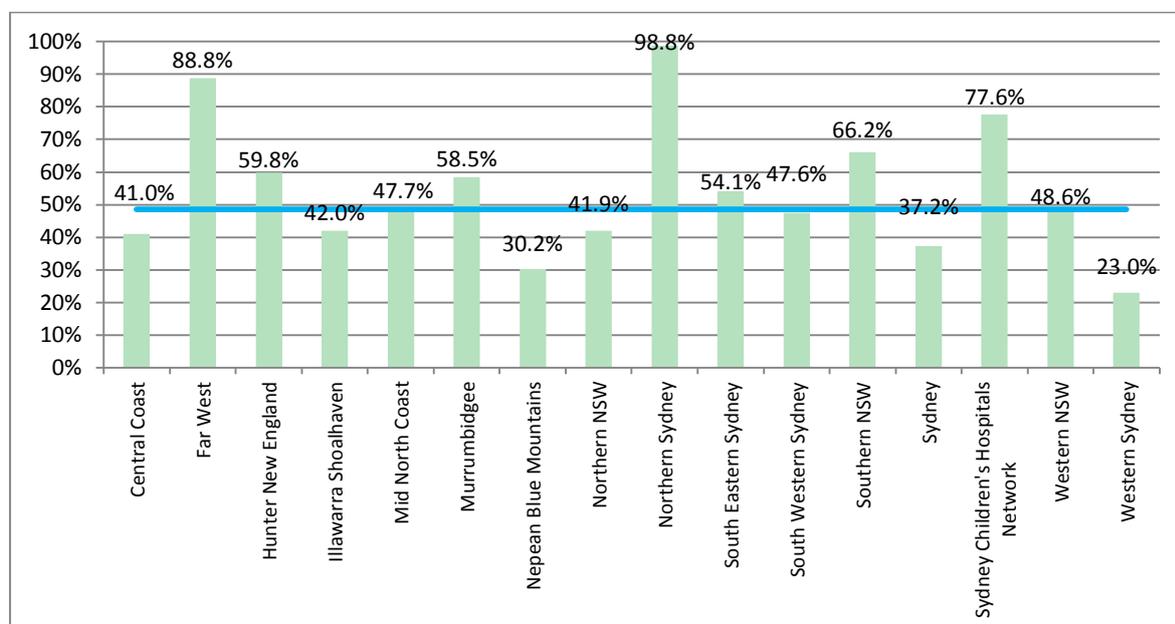


Figure 15: Percentage of eligible women screened in Child and Family Health services in November 2015 by LHD

Of all eligible women screened, 112 (2.2%) were identified as having experienced domestic violence in the previous 12 months.

Identification rates varied across LHDs from 0.7 per cent in Hunter New England LHD to 4.2 per cent in Western NSW LHD as shown in Figure 16.

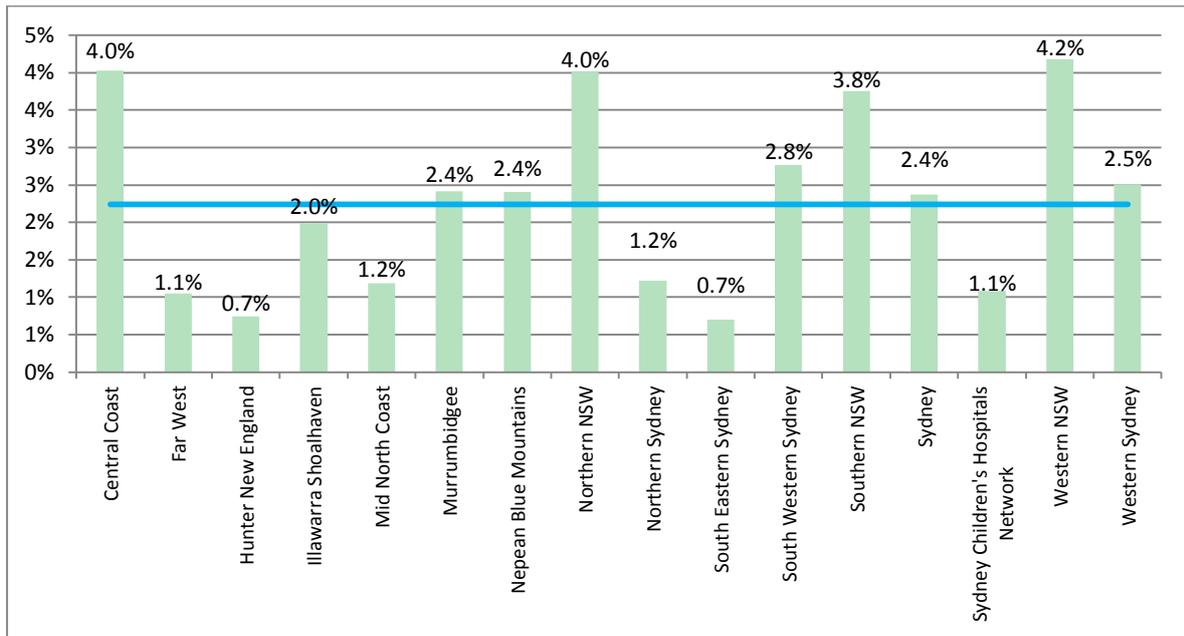


Figure 16: Percentage of women where domestic violence was identified in Child and Family Health services in November 2015 by LHD

Twenty five (22.3%) 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:

- 94 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
- 18 reports to the Department of Family and Community Services
- 6 notifications to NSW Police Force
- 32 other referrals.

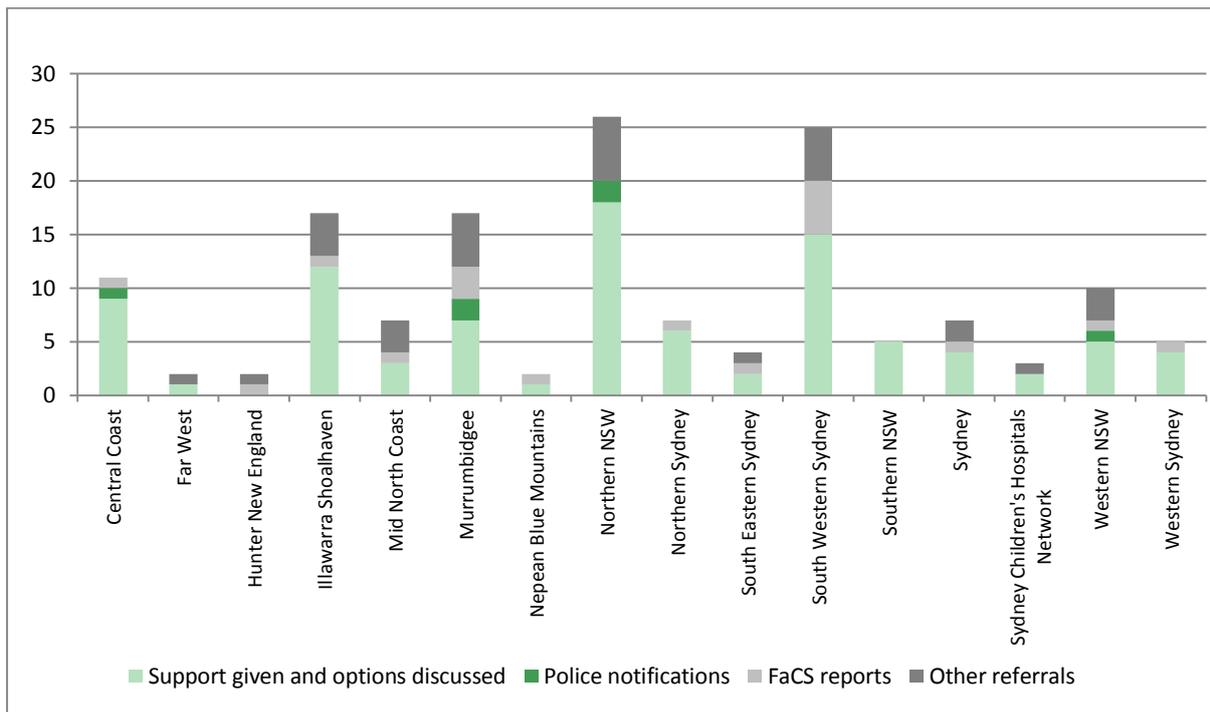


Figure 17: Number of referrals and actions taken in Child and Family Health services in November 2015 by LHD

The presence of a partner at screening accounted for 2,743 (51.8%) of the 'reasons for not screening' in Child and Family Health services as shown in Figure 18.

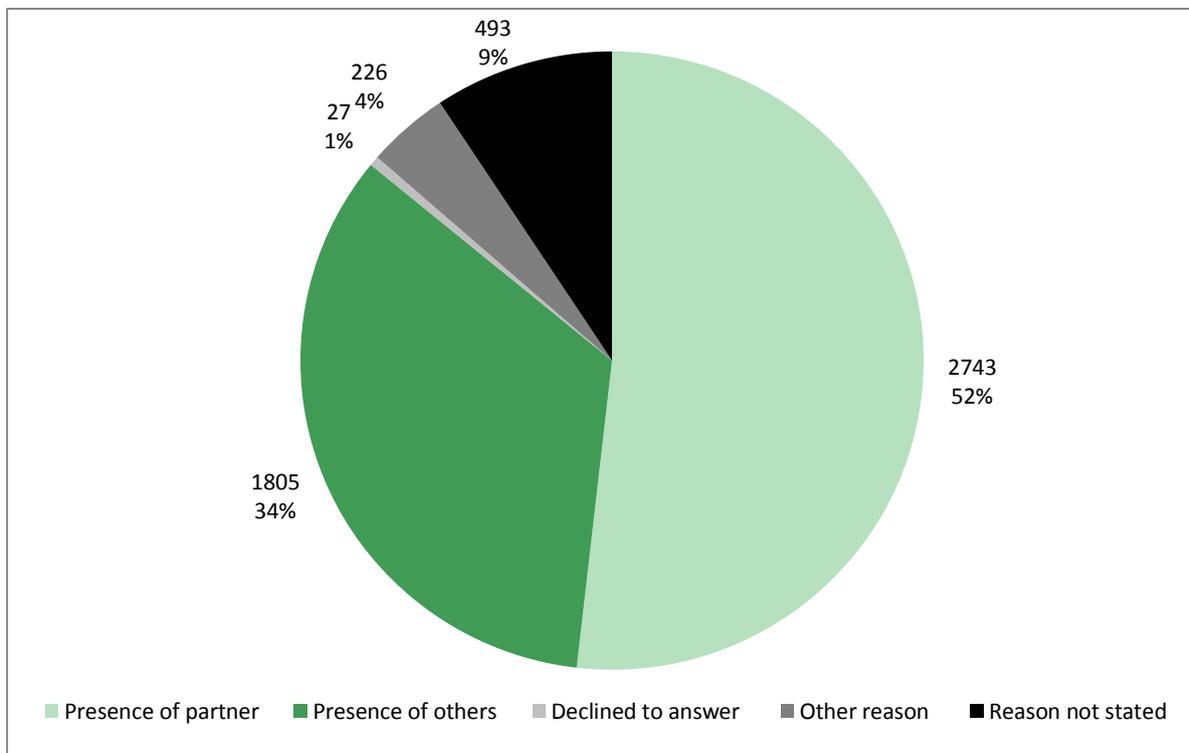


Figure 18: Reasons for not screening in Child and Family Health services November 2015

Mental Health services

Mental Health services in all LHDs screen for domestic violence²⁰.

During the snapshot period, 5,253 women attended these services. Of these, 2,707 (51.5%) were screened.

Screening rates range from 10.9 per cent in Central Coast LHD to 88.3 per cent in Northern Sydney LHD as shown in Figure 19.

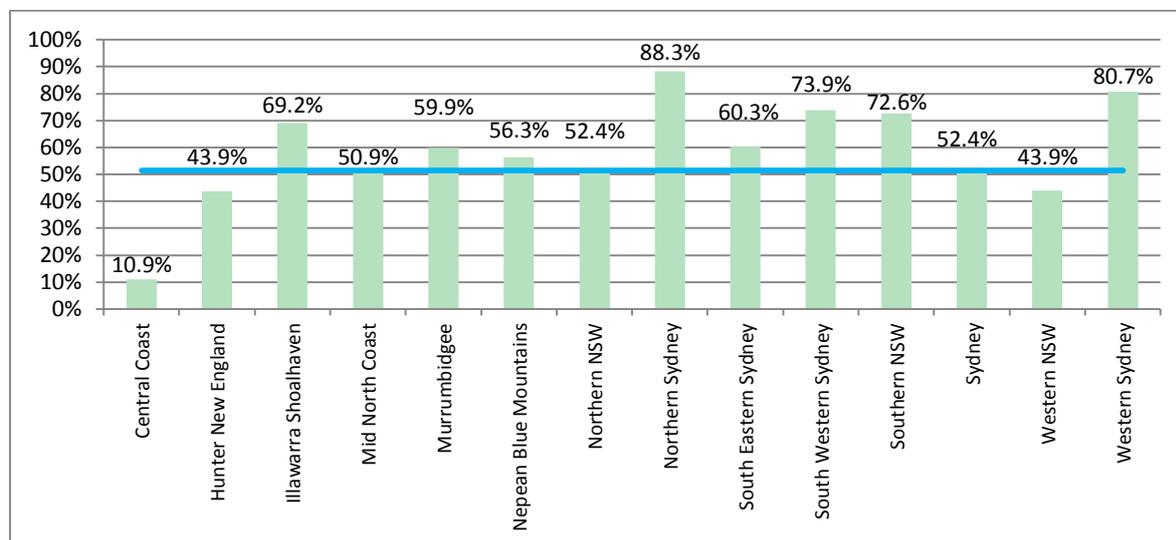


Figure 19: Percentage of eligible women screened by Mental Health services in November 2015 by LHD

Of the women screened in Mental Health services, 435 (16.1%) were identified as having experienced domestic violence in the previous 12 months.

²⁰ In Far West LHD, there were a small number of women who were screened in combined Mental Health and Alcohol and Other Drugs Services. These services were 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 7.6 per cent in Western NSW LHD to 26.1per cent in Mid North Coast LHD as shown in Figure 20.

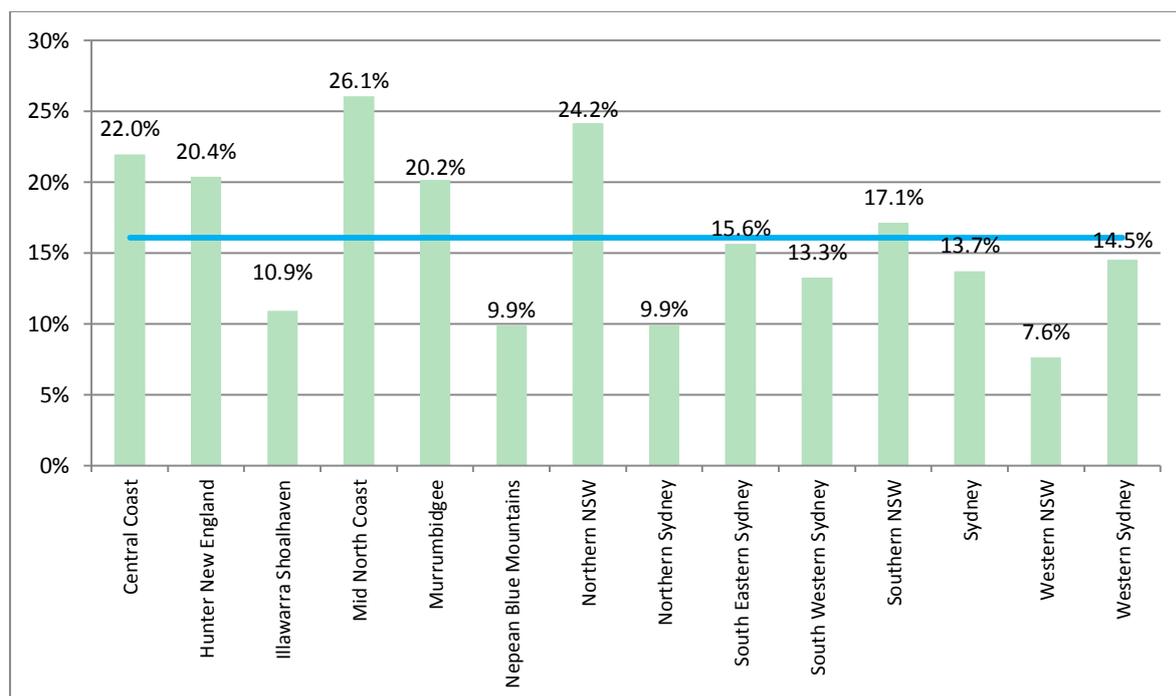


Figure 20: Percentage of women where domestic violence was identified in Mental Health services in November 2015 by LHD

One hundred and fifty-seven (36.1%) 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:

- 317 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
- 50 reports to the Department of Family and Community Services
- 31 notifications to the NSW Police Force
- 89 other referrals.

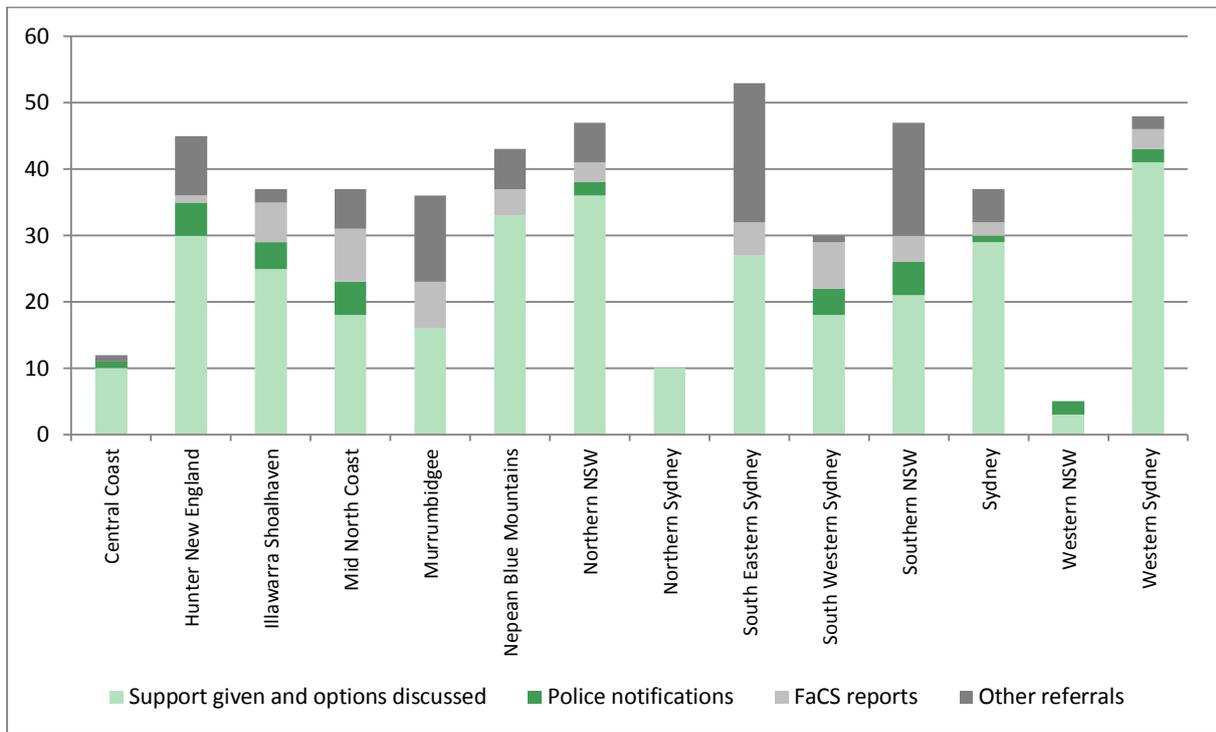


Figure 21: Number of referrals and actions taken by Mental Health services in November 2015 by LHD

Undocumented reasons account for 76 per cent of reasons for not screening in Mental Health services.

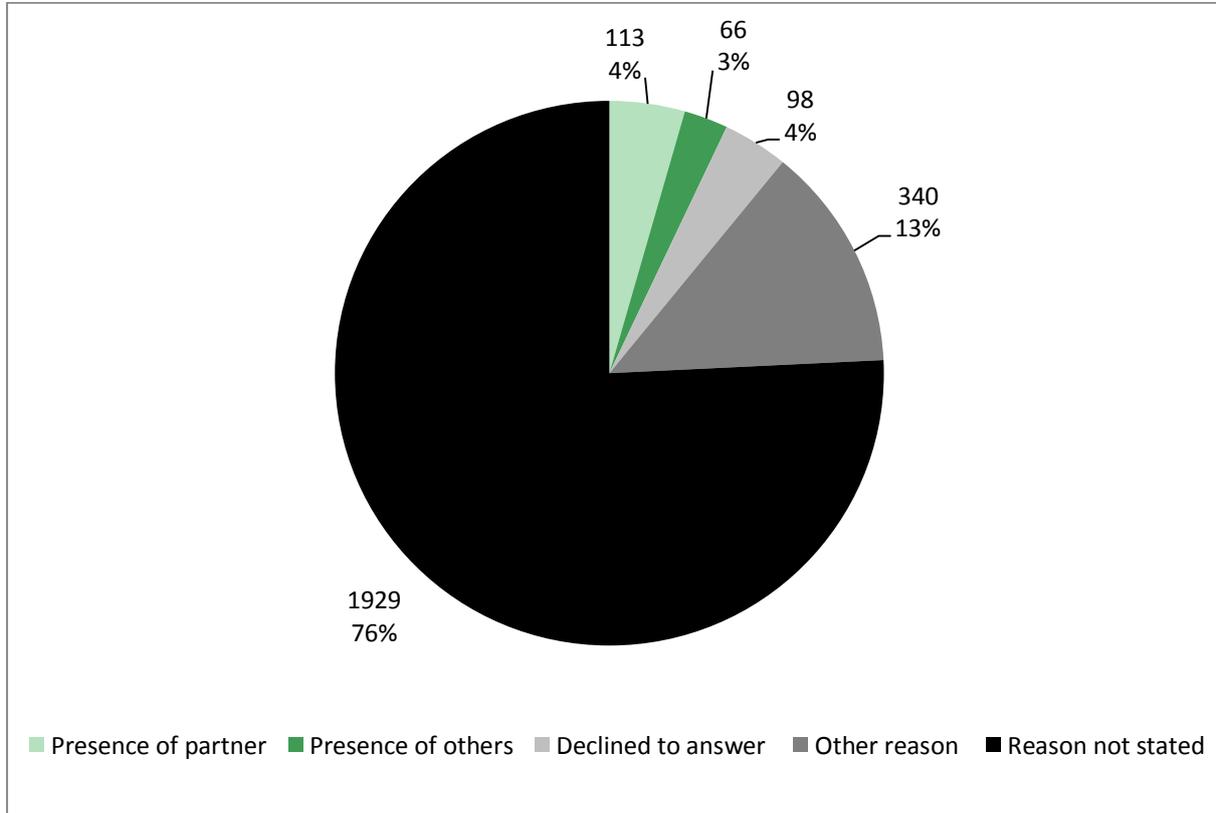


Figure 22: Reasons for not screening in Mental Health services November 2015

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 2015 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:

- 26 women attending these services during the Snapshot period were eligible for screening. Of these women 13 (50%) were screened
- 3 (23.1%) women identified as having experienced domestic violence in the previous 12 months
- No women accepted assistance
- 4 occasions of support were provided and options discussed
- 4 other referrals were made.

Women's Health nursing services

Nine LHDs have implemented screening in Women's Health nursing services and participated in the 2015 snapshot.

During the snapshot period, 825 eligible women attended Women's Health nursing services. Of these eligible women, 727 (88.1%) were screened. Screening rates varied from 58.3 per cent in Illawarra Shoalhaven LHD to 100 per cent in Northern Sydney and Southern NSW LHDs as shown in Figure 23.

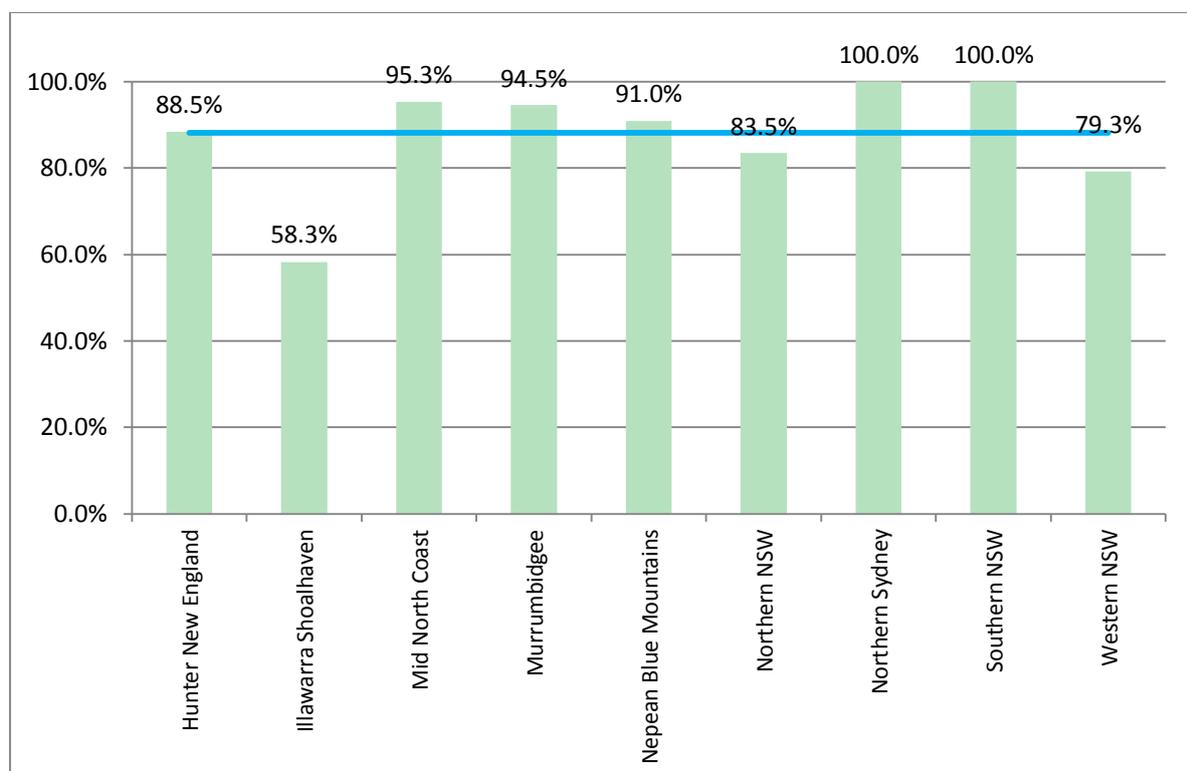


Figure 23: Percentage of eligible women screened in Women's Health nursing services in November 2015 by LHD

Nineteen (2.6%) women were identified as having experienced domestic violence in the previous 12 months. Identification rates varied from nil in Illawarra Shoalhaven and Northern Sydney LHDs to 6.1 per cent in Western NSW LHD as shown in Figure 24.

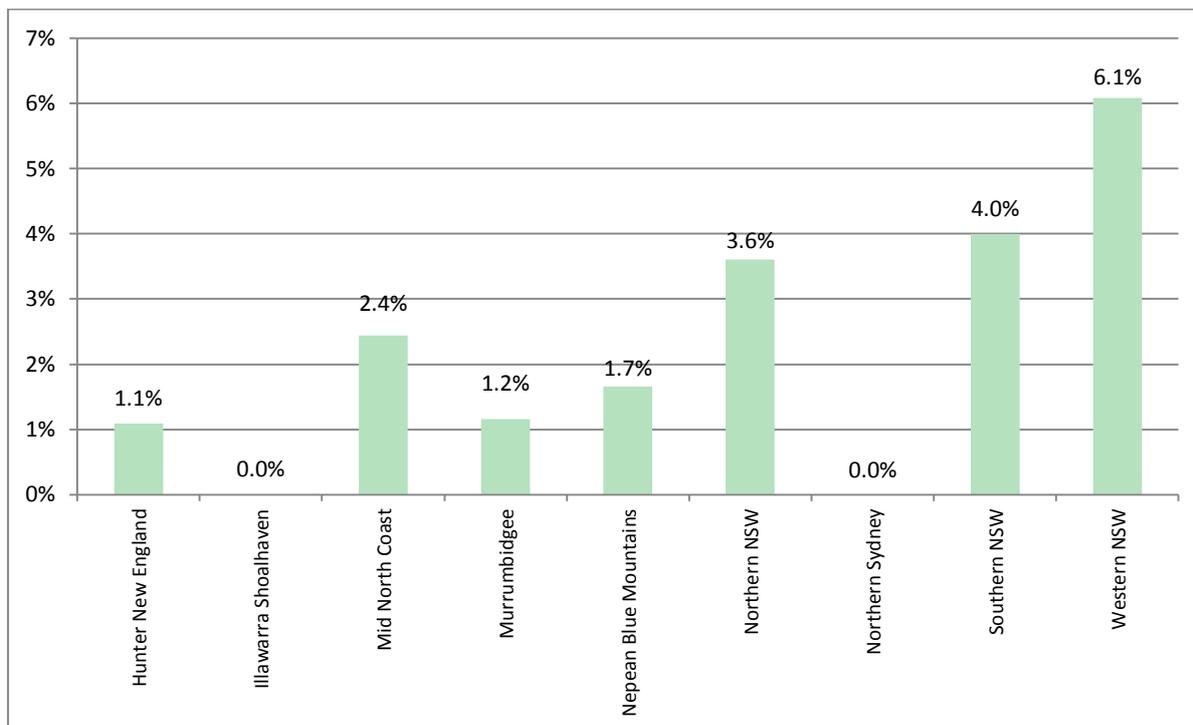


Figure 24: Percentage of women where domestic violence was identified in Women's Health nursing services in November 2015 by LHD

Three (15.8%) 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:

- 23 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
- 1 notification to the NSW Police Force
- 6 other referrals.

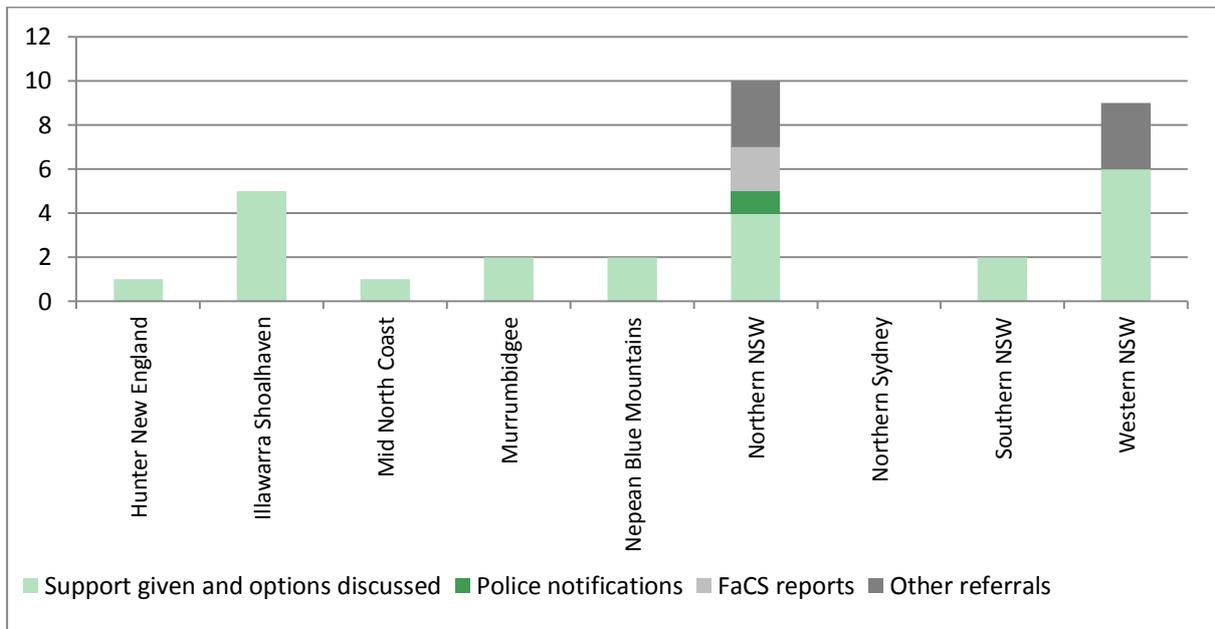


Figure 25: Number of actions taken in Women's Health services in November 2015 by LHD

Undocumented reasons account for 45 per cent of reasons for not screening in Women's Health services.

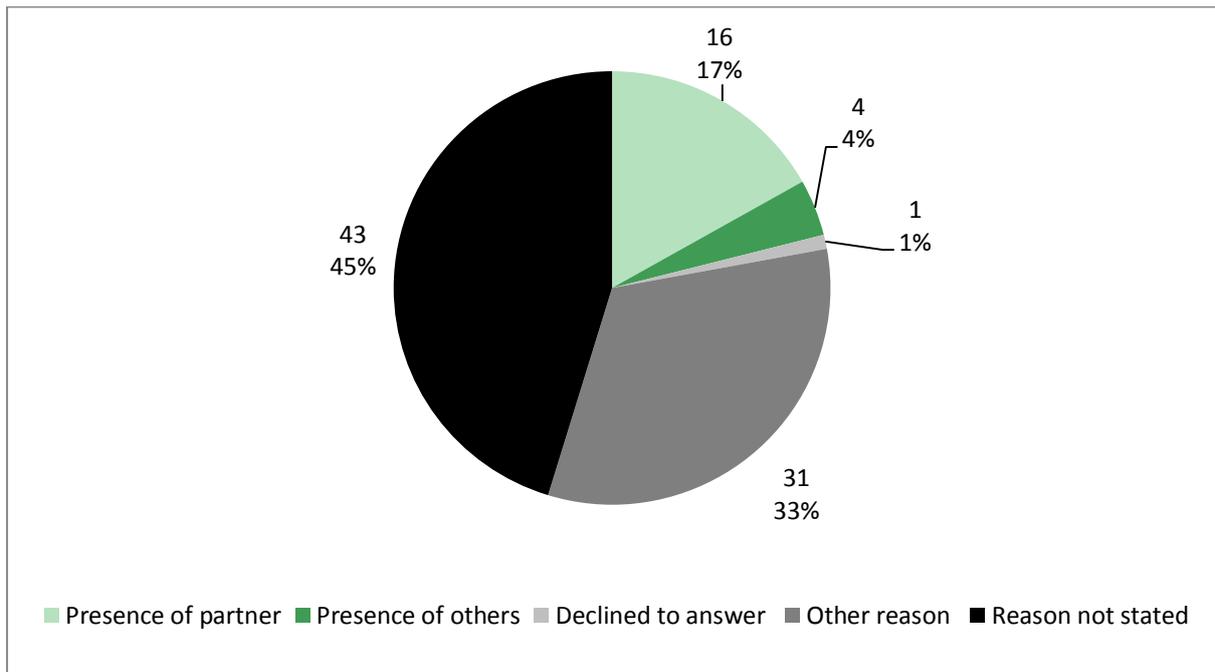


Figure 26: Reasons for not screening in Women's Health services November 2015

South Eastern Sydney Sexual Health services

South Eastern Sydney LHD undertakes screening in Sexual Health services.

Of the 237 eligible women who attended these services, 216 (91.1%) were screened during the snapshot period.

Seven (3.2%) women screened identified as having experienced domestic violence in the previous 12 months.

No offers of assistance were accepted, and no referrals were made. Eight occasions of support were provided and options discussed.

Lessons for Practice

The Aboriginal Maternal and Infant Health Service (AMIHS) was implemented in 2001 to improve the health of Aboriginal women during pregnancy and decrease perinatal morbidity and mortality for Aboriginal babies. The AMIHS is delivered through a continuity-of-care model, where midwives and Aboriginal Health Workers collaborate to provide a high-quality maternity service that is culturally sensitive, women-centred, based on primary health-care principles and provided in partnership with Aboriginal people. AMIHS acknowledges and builds on the awareness, knowledge and understanding of Aboriginal families and communities about pregnancy and child health and its relationship to lifelong health.

There are over 40 AMIHS sites in NSW, delivering services to mothers of Aboriginal babies in over 80 locations in NSW. AMIHS midwives and Aboriginal Health Workers provide antenatal and postnatal care, from as early as possible after conception up to eight weeks postpartum. The care is provided predominantly in the community but is linked into mainstream maternity services.

DVRS is an integral part of all antenatal services, including AMIHS. Antenatal data in all snapshot reports to date has been reported inclusive of AMIHS data. AMIHS data has been reported separately for the past four years for the purposes of internal reporting and planning. This section explores the 2015 data separately for the first time and looks at what indications this data provides.

Domestic Violence Routine Screening in Aboriginal Maternal and Infant Health Services

The Maternity results for the 2015 Domestic Violence Routine Screening Snapshot include data from Aboriginal Maternal and Infant Health Services. In nine of the fourteen Local Health Districts where Aboriginal Maternal and Infant Health Services (AMIHS) are located this data has been able to be provided as separate to data from other Maternity services. This has been able to occur as shown in Table 2.

Table 2

LHDs provide separate data for DVRS	Y/N		Y/N
Central Coast	Y	Northern Sydney	N
Far West	N	Sydney	N
Hunter New England	Y	Sydney Children's Hospitals Network	N
Illawarra Shoalhaven	Y	South Eastern Sydney	Y
Murrumbidgee	N	Southern NSW	Y
Mid North Coast	Y	South Western Sydney	N
Nepean Blue Mountains	N	Western NSW	Y
Northern NSW	Y	Western Sydney	Y

Maternity services overall have high rates of screening. In 2015, the gap between AMIHS and non-AMIHS Maternity screening rates is the smallest it has been over the last four years. AMIHS screening rates significantly increased since 2013/14, from 60.9 per cent in 2013 to 84.0 per cent in 2015.

Aboriginal family violence occurs in the context of complex trauma from racism and colonisation, forced removals of children by the government and the forced breakdown of elements of culture and tradition. Aboriginal women in Australia are:

- Thirty five times more likely to be hospitalised due to family violence than non-Aboriginal women;
- And five times more likely to be the victim of a homicide – 42.0 per cent of which will be the result of intimate partner violence (<http://anrows.org.au/sites/default/files/Fast-Facts---Indigenous-family-violence.pdf>)
- Rates of substantiated reports of harm or risk of harm for Aboriginal children are 7.9 times higher than children from non-Aboriginal backgrounds in NSW (<https://aifs.gov.au/cfca/publications/child-protection-and-aboriginal-and-torres-strait-islander-children>).

The data from the 2015 Domestic Violence Routine screening snapshot also demonstrated an increase in the percentage of women who disclosed domestic and family violence in AMIHS throughout the state. Aboriginal Women in AMIHS services were five times more likely to disclose domestic violence than women in other Maternity services in 2015. This aligns closely with the six times greater likelihood in Australia that Aboriginal women will experience domestic and family violence than women in the non-Aboriginal population.

Given that Aboriginal family violence is significantly under-reported the results that screening within AMIHS has achieved indicate the significant fact that women are feeling safe to disclose the violence they are experiencing. This provides health services with opportunities that may otherwise not have existed to offer support and assistance and give information to inform women's decision making around the violence, their safety and the safety of their children.

The data also validates that a high rate of support is being given to women being screened within AMIHS. In the 2015 Snapshot, the rate of "support offered and options discussed" responses is nine times higher than that found in other Maternity services. The rate of referrals to other services for clients is four times higher than is found in the rate for disclosing clients in other Maternity services. This indicates that DVRS processes within AMIHS are providing robust support systems to clients, which, in turn, strengthens the agency of women and supports the maternal/ child relationship and their combined safety and care.

Conducting DVRS in AMIHS is one strategy within the growing field of work done by NSW Health to address Aboriginal family violence. In 2011, NSW Health published the first Aboriginal Family Health Strategy focussing on Aboriginal family violence, and the role of health providers. The strategy guides the NSW Health response to family violence in Aboriginal communities. The workforce connected to the strategy currently provides twenty-five Aboriginal Family Violence Prevention Workers (AFVPW) located in Aboriginal Community Controlled Health Services and non-government organisations and LHDs. The core role of AFHVs includes a mix of individual and family support activities, including initial crisis support, advocacy and referral to other services. The workforce also includes four Aboriginal Family Health Coordinators (AFHC) located in four Local Health Districts. These positions coordinate service delivery, facilitate system improvement and planning and provide links between the NSW Health system, non-government organisations and whole-of-government initiatives addressing family violence in Aboriginal communities. Supporting these staff, the AFVPS also consists of a Senior Analyst with the Prevention and Response to Violence Abuse and Neglect Unit, providing strategy and policy lead in the area, and three staff for Aboriginal Specialist Portfolio at the NSW Health Education Centre Against Violence (ECAV) who facilitate and coordinate the provision of the Advanced Diploma of Aboriginal Specialist Trauma Counselling and, in partnership with Sydney University, the Graduate Certificate in Human and Community Services to Aboriginal health workers.

The current Aboriginal Family Health Strategy (AFHS) 2011-2016 'Responding to Family Violence in Aboriginal Communities' concludes in July 2016. NSW Health commissioned an external evaluation of the AFHVPS. Overall, the evaluation found that the AFHVPS, specifically the two key components of the AFHW and AFH Coordinator roles, have been effective and appropriate. Key achievements identified in the evaluation include the fact that communities are more willing to speak up about family violence and its impact on the community; an increase in the profile of family violence and its

seriousness; an increased attendance at family violence education programs and a greater engagement by men on the issue of domestic and family violence. A new Aboriginal Family Violence Prevention Strategy is in development for 2016–2020 which will build on this successful strategy and the effective programs that have been initiated under it.

Appendix 1: 2003–2015 November Data Snapshots

Key statistics

Year	Eligible women attending services	Number screened	% Eligible women screened	Number identified domestic violence	% Identified of those screened	Women unsafe to go home	% Unsafe to go home	Number accepted offer of assistance	% Accepted offer of assistance
2003	5,800	4,036	69.6%	283	7.0%	Not asked	NA	115	40.6%
2004	10,343	7,774	75.2%	504	6.5%	94	18.7%	358	71.0%
2005	16,290	10,090	61.9%	736	7.3%	217	29.5%	166	22.6%
2006	17,456	11,581	66.3%	695	6.0%	229	32.9%	180	25.9%
2007	17,332	11,702	67.5%	659	5.6%	367	55.7%	207	31.4%
2008	19,749	12,536	63.5%	734	5.9%	383	52.2%	176	24.0%
2009	21,216	14,471	68.2%	838	5.8%	468	55.8%	274	32.7%
2010	22,739	14,285	62.8%	760	5.3%	336	44.2%	203	26.7%
2011	22,188	15,078	68.0%	924	6.1%	397	43.0%	182	19.7%
2012	24,657	14,908	60.5%	813	5.5%	839	103.2% ²¹	229	28.2%
2013	25,062	14,940	59.6%	826	5.5%	294	35.6%	219	26.5%
2014	20,340	13,041	64.1%	824	6.3%	182	22.1%	191	23.2%
2015	24,465	15,539	63.5%	991	6.4%	276	27.8%	256	25.8%

²¹ Anomalous result.

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

Year	Number of NSW Health referrals/notifications to the NSW Police Force	Number of NSW Health referrals/notifications to the Department of Family & Community Services	Number of other referrals made by NSW Health	Referrals inside NSW Health	Referrals outside NSW Health
2003	5	23	99	Not asked	Not asked
2004	22	60	176	136	125
2005	27	144	210	140	50
2006	44	163	251	134	57
2007	26	146	202	160	71
2008	53	126	210	145	61
2009	35	114	224	201	115
2010	31	85	268	162	66
2011	53	87	242	219	109
2012	53	78	199	107	117
2013	34	66	234	201	98
2014	64	86	242	200	109
2015	54	104	259	227	127

Reasons screening not completed²²

Year	Presence of partner	Presence of others	Declined to answer questions	Other reason
2003	54%	38%	2%	6%
2004	32%	27%	1%	19%
2005	27%	21%	1%	11%
2006	34%	29%	2%	25%
2007	41%	29%	7%	23%
2008	39%	36%	3%	21%
2009	40%	28%	2%	31%
2010	38%	25%	2%	35%
2011	37%	28%	2%	33%
2012	30%	23%	3%	44%
2013	38%	23%	1%	38%
2014	56%	28%	2%	14%
2015	52%	33%	3%	12%

²² Calculations on 'reasons for not screening' are based on the actual reasons provided by LHD for not screening. There are a significant number of instances where no reason is provided. In addition, there are often more reasons given for not screening than women who were actually not screened, which indicates that staff may be recording multiple reasons for not screening.

Appendix 2: Screening form

NSW HEALTH SCREENING FOR DOMESTIC VIOLENCE

Health Worker to complete this form.

Medical Record Number

Date / /

Explain:

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

Ask:

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

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

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

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

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

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

Consider safety concerns raised in answers to questions.

Complete:

Action taken

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

Screening was not completed due to

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

Signature of Staff

Name

Designation

Appendix 3: Data Collection Form 2015

Routine Screening for Domestic Violence: Snapshot 10: 1 - 30 November 2015																
Local Health District:																
Facility:																
Contact Person:		Phone:				Email:										
Screening:					Action Taken:				Screening not completed due to:							
1	2	3	4	5	6	7	8	9	10	11	12	13				
Number - eligible women who presented to the facility	Number - women screened	Number - DV Identified - ie answered yes to Q1 and/or Q2	Number - answered no to Q3	Number - answered yes to Q4	Number - Support given and options discussed	Number - Police notifications	Number - Community Services reports	Number - other referrals**	Number - presence of partner	Number - presence of others	Number - declined to answer question	Number - other reason	Reason not stated	Do you have children? Number answered yes	If so, have they been hurt or witnessed violence? Number answered yes	Are you worried about your child/ren's safety? Number answered yes

** Other Referrals – when domestic violence is identified only			
Within health services		Outside health services	
Service referred to	Number	Service referred to	Number

Comments:

Data Collection Guidelines

Guidelines for Data Collection Snapshot 13: 1 - 30 November 2015

The *NSW Health Policy and Procedures for Identifying and Responding to Domestic Violence* (2003, revised 2006) requires routine screening of eligible women for domestic violence in the program streams antenatal, child and family health, mental health, and alcohol and other drugs. Services in addition to the four target program streams 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 2015 data collection snapshot will occur from 1-30 November 2015 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 for 2015.

LHDs should complete the 'Domestic Violence Routine Screening LHD All Programs – Snapshot Template – November 2015.XLSX' for appropriate authorisation. Collated data is to be forwarded to the Office of Kids and Families in **Excel (.xlsx) format only by 12 February 2016**.

For further information please contact: Erin Cahill or Sen Lin, Senior Analysts, NSW Kids and Families on 94617079/ 93919482 ecahi@doh.health.nsw.gov.au or selin@doh.health.nsw.gov.au

Explanatory Notes for completing data snapshot, November 2015:

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 2015'.
4. Please collate the completed 'DVRS Data Collection - Service level template 2015' returns using the 'LHD All Programs - Snapshot Template - November 2015.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, Antenatal 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 antenatal and early childhood 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.
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 ‘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.
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

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

Glossary

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

	<p>Sydney, South Eastern Sydney, South Western Sydney, Sydney, Western Sydney</p> <p>Rural & Regional NSW</p> <p>Far West, Hunter New England, Mid North Coast, Murrumbidgee, Northern NSW, Southern NSW, Western NSW</p>
Ministry	NSW Ministry of Health
Other Referrals	<p>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</p> <p>Individual women may be referred to more than one service, and thus counted more than once</p> <p>Other Referrals is only to be completed when domestic violence was identified, not for other reasons</p>
Routine screening	Conducted for all women attending 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.