

DOMESTIC VIOLENCE ROUTINE SCREENING PROGRAM

Snapshot Report 5: November 2007

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1 Introduction

Domestic violence is a significant public health issue. It affects the physical, psychological, and social health of many women and children in New South Wales. Victims of domestic violence are high users of health services but are often not identified.^{1 2} This limits the capacity of health services to intervene and provide appropriate and effective health care. It can also lead to victims remaining isolated, being inappropriately diagnosed, and missed opportunities to prevent further injury or death and social costs.

Evidence suggests that routine screening can identify victims of domestic violence in the absence of other presenting symptoms. It has been shown that women tend not to disclose their experience of domestic violence unless they are directly asked about it.^{3 4} Women who receive an initial positive response to disclosures of domestic violence are more likely to seek further help to escape violence. When victims, or those at risk of domestic violence, are identified, early intervention can assist women to understand their options and prioritise their safety. Screening conducted face-to-face by skilled health workers increases the identification of domestic violence.^{5 6}

Since 2001 former Area Health Services⁷ have undertaken routine screening of female clients for domestic violence as an early identification and intervention strategy to promote awareness of the health impact of domestic violence, ask questions about patients' safety in relationships, and to provide information on health services to help victims and abusers.

The *NSW Health Policy and Procedures for Identifying and Responding to Domestic Violence* (2003 amended 2006) formalised the Domestic Violence Routine Screening Program and required all Area Health Services to implement screening in the four target programs of antenatal, early childhood health, mental health and alcohol and other drugs services.

NSW Health defines domestic violence as “violent, abusive, or intimidating behaviour carried out by an adult against a partner or former partner to control and dominate that person. Domestic violence causes fear, physical and/or psychological harm. It is most often violent, abusive, or intimidating behaviour by a man against a woman. Living with domestic

¹ Laing L (2001) *Children, Young People and Domestic Violence Issue Paper 2*, Sydney: Australian Domestic Violence Clearinghouse

² 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

³ 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.

⁴ 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

⁵ McFarlane J, Christoffel K, Bateman L, Miller V & Bullock L., (December 1991), 'Assessing for Abuse: Self Report Versus Nurse Interview' *Public Health Nursing*, 8 (4): 245–250.

⁶ Nelson HD, Nygren P, McInerney Y, Klein J (2004) Screening women and elder adults for family and intimate partner violence: a review of the evidence for the US Preventative Services Taskforce, *Annals of Internal Medicine* 140(5): pp387-396

⁷ The snapshots were undertaken prior to the 2010 restructure of NSW Health, hence Area Health Services.

violence has a profound effect upon children and young people and constitutes a form of child abuse.” The definition underpins the screening tool.

All women attending antenatal and early childhood health services, and women aged 16 years and over who attend mental health and alcohol and other drugs services are screened as part of routine assessment. The prevalence of domestic violence and associated risks are high for female patients/clients in these clinical groups.

The screening tool (see Appendix 2) includes 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?

Where domestic violence is identified, 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 must make a report to the Department of Community Services Helpline where he or she has reasonable grounds to suspect a child is at risk of significant harm.

Police may be notified as the woman wishes and/or where there are concerns for the safety of the woman and/or her children, in accordance with NSW Health policy..

Health workers offer the z-card, *domestic violence hurts your health*, to all women screened. The card provides information on what domestic violence is, how it affects health and wellbeing, what steps can be taken including where to find help.

This report documents the one-month snapshot of routine screening conducted in the former eight Area Health Services across New South Wales in November 2007. The same methodology has been applied in each snapshot since 2003.

Key data from each of the years 2003 – 2007 is presented at Appendix 1.

The profile of screening presented by the snapshots provides the NSW Department of Health (now the Ministry of Health), the former eight Area Health Services and individual

participating services with valuable information for monitoring the strategy's implementation, evaluating compliance and informing service development.

2 Snapshot Methodology

Health Services collated data from the screening forms for each site that screened women for domestic violence in November 2007, during the snapshot period of 1 November – 31 November. This data was then provided to the NSW Department of Health (now the Ministry of Health) for preparation of the statewide snapshot report.

The data includes the number of eligible women attending the services, the number screened, responses to the questions and key 'actions taken', including reports to Community Services, notifications to NSW Police Force, and other referrals including those made to a health or other service. Other 'comments' could also be provided.

Data fields have been consistent since the inception of the snapshot in 2003 with minimal yearly refining to clarify instructions and explanations (See Appendices 3 and 4 for data collection form and guidelines).

3 Snapshot 5: November 2007

3.1 Overall Results

3.1.1 Key Findings

The key findings for the November 2007 Snapshot include:

Category	Number
Eligible women who attended a participating service	17,332
Eligible women who were screened	11,702 (67.5% of eligible women)
Eligible women screened who were identified as having experienced domestic violence in the previous 12 months	659 (5.6% of women screened)
Women accepting an offer of assistance	207 (31.4% of women identified as having experienced domestic violence)
Total notifications or referrals	374*
Reports to Community Services	146
Notifications to Police	26
Referrals to health or other services	202
(*Some women may have multiple referrals.)	

3.1.2 Extent of Screening across Area Health Services in November

Screening was conducted in all target programs in the eight Area Health Services. In addition, women’s health nursing services were screening in six Area Health Services. Four other Area Health Services conducted screening in various other additional programs. Services in these programs elected to take up screening; they were not mandated by NSW Health policy.

The Area Health Service programs providing data for the 2007 snapshot are listed in Figure 1.

Area Health Service	Antenatal services	Alcohol and other drugs services	Early childhood health services	Mental health services	Women’s health nursing	Additional programs ⁸
Greater Southern ⁹	✓	✓	✓	✓	✓	
Greater Western ¹⁰	✓	✓	✓	✓	✓	✓
Hunter New England	✓	✓	✓	✓	✓	
North Coast	✓	✓	✓	✓	✓	
Northern Sydney Central Coast	✓	✓	✓	✓	✓	✓
South Eastern Sydney Illawarra	✓	✓	✓	✓	✓	✓
Sydney South West	✓	✓	✓	✓		✓
Sydney West	✓	✓	✓	✓		

Figure 1: Screening conducted by program in Area Health Services in 2007

⁸ Additional programs are sexual assault services, sexual health services, child adolescent & family social work/psychology team and nursing (unspecified).

⁹ In GSAHS, incomplete data was received from some antenatal, early childhood health and women’s health nursing services.

¹⁰ Not all GWAHS services participated in the 2007 snapshot.

3.1.3 Percentage of Women Screened

The percentage of women screened measures the number of women screened as a proportion of the number of women eligible presenting to a service.

A total of 17,332 women were identified as 'eligible' to be screened by programs participating in the screening snapshot. This comprised:

- 7,397 (42.7%) in early childhood services
- 5,864 (33.8%) in antenatal services
- 2,343 (13.5%) in mental health services
- 750 (4.3%) in alcohol and other drugs services
- 715 (4.1%) in women's health nursing services
- 263 (1.5%) in additional programs

Of these eligible women 11,702 (67.5%) were screened.

Women screened as a percentage of eligible women attending programs is shown in Figure 2. The percentage varied by program with the highest percentage of women screened in women's health services (91.6%) and the lowest percentage of women screened recorded in mental health services (47.0%).

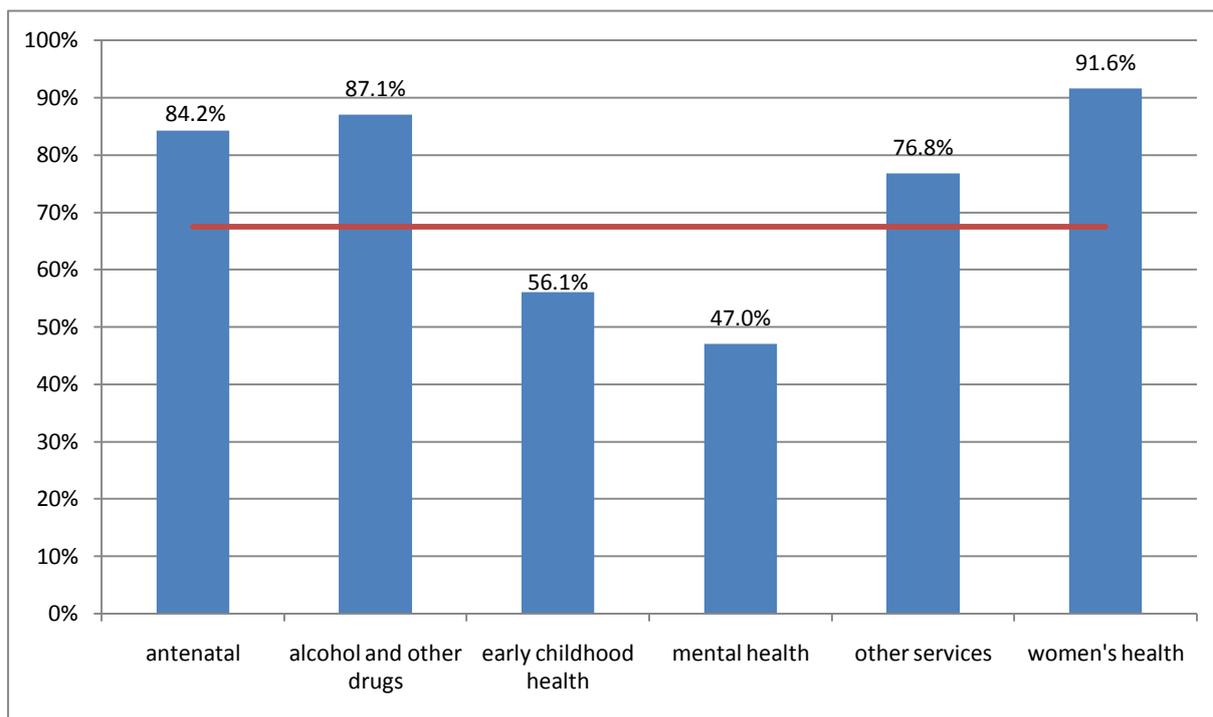


Figure 2: Percentage of eligible women screened by program in 2007.

The number of women screened by program (and as a percentage of total women screened) is shown in Figure 3. In 2007 the number of women screened for each program was:

- 4,940 (42.2%) in antenatal services
- 4,150 (35.5%) in early childhood services
- 1,102 (9.4%) in mental health services
- 655 (5.6%) in women’s health nursing
- 653 (5.6%) in alcohol and other drugs services
- 202 (1.7%) in other services

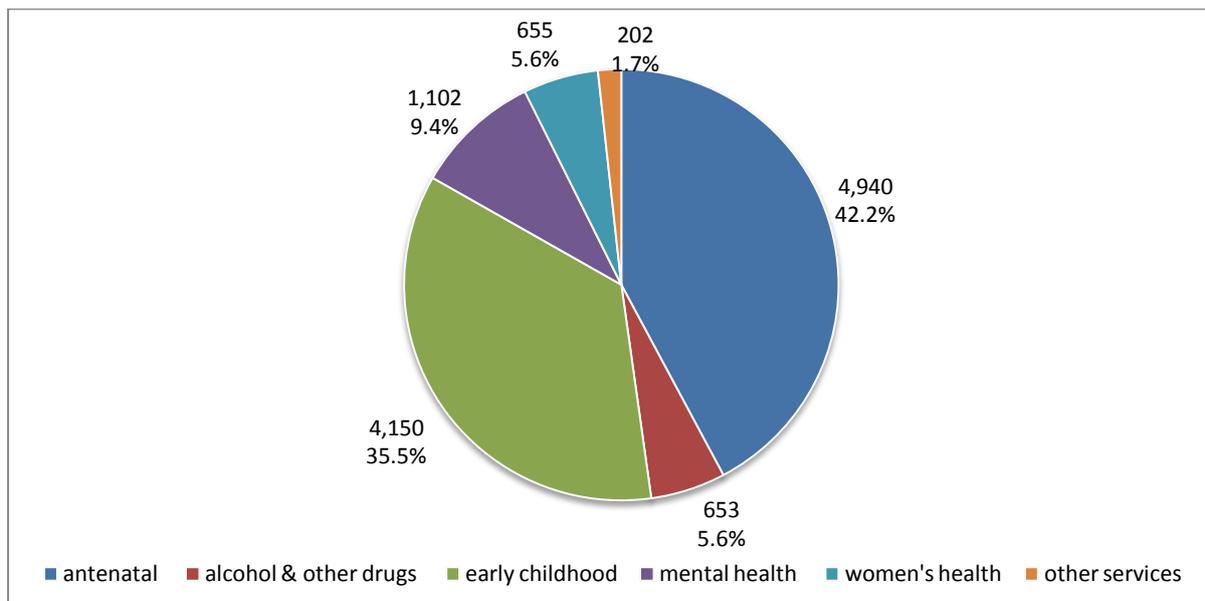


Figure 3: Number of eligible women screened by program in 2007

3.1.4 Domestic Violence Identified

This measures the number of screened women where domestic violence was identified according to the screening tool, as a proportion of the number of women screened.

A woman was identified as a victim of domestic violence if she answered 'yes' to either or both of the following questions: 'Within the last year have you been hit, slapped or hurt in other ways by your partner or ex-partner?' and 'Are you frightened of your partner or ex-partner?'

Of all women screened across all programs 659 (5.6%) were identified as victims of domestic violence according to the screening questions.

The percentage of screened women where domestic violence was identified varied across all programs as shown in Figure 4 and comprises:

- 23.6% (154 of 653 eligible women screened) in alcohol and other drugs services
- 16.6% (183 of 1,102 eligible women screened) in mental health services
- 7.4% (15 of 202 eligible women screened) in other services
- 3.8% (187 of 4,940 eligible women screened) in antenatal services
- 2.6% (108 of 4,150 eligible women screened) in early childhood health services
- 1.8% (12 of 655 eligible women screened) in women's health nursing services

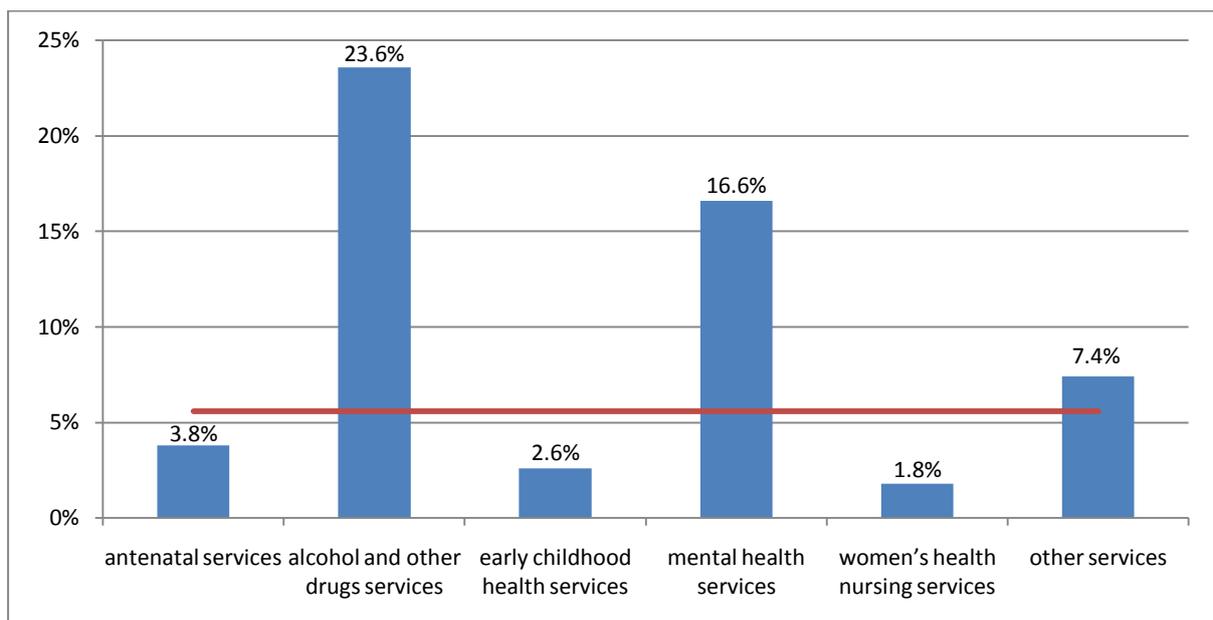


Figure 4: Percentage of women where domestic violence was identified by program in 2007

3.1.5 Actions Taken

'Actions taken' measures responses to women who were screened and comprised:

- support given and options discussed
- reports to Community Services
- notifications to Police
- other referrals

207 (31.4%) of women screened identified as victims of domestic violence accepted the offer of assistance.

'Actions taken' are shown in Figure 5 and comprised:

- 464 support given and options discussed
- 146 referrals were reports to Community Services
 - 61 (41.8%) reports by mental health services
 - 30 (20.5%) reports by antenatal services
 - 32 (21.9%) reports by early childhood health services
 - 21 (14.4%) reports by alcohol and other drugs services
 - 1 (0.7%) report by women's health nursing services
 - 1 (0.7%) report by another program
- 26 notifications to Police
 - 7 (26.9%) by antenatal services
 - 3 (11.5%) by alcohol and other drugs services
 - 6 (23.1%) by early childhood health services
 - 8 (30.8%) by mental health services
 - 1 (3.8%) by women's health nursing service
 - 1 (3.8%) other services
- 202 other referrals

While NSW Health does not provide dedicated services for victims of domestic violence, it provides a number of medical and therapeutic services to identify, support and refer women.

Referrals to services within NSW Health were made to social workers, psychologists, casework counsellors, and mental health, sexual assault, parent support services, sexual health, alcohol and other drugs services. Referrals outside the NSW Health system were made to GPs, Police, Tresillian, private psychologists, women's health centres, housing support, Centrelink, Brighter Futures as well as to specialist domestic violence services, including the domestic violence line, legal services and women's refuges.

Some women may have multiple referrals, with a report to Community Services, a notification to Police and other referrals. A total of 374 reports, notifications and other referrals were made for screened women who were identified as experiencing domestic violence.

Some women chose not to be referred. Reasons noted in "comments" indicated that some women:

- were already linked to support services

- did not currently or no longer required support services
- chose not to be referred

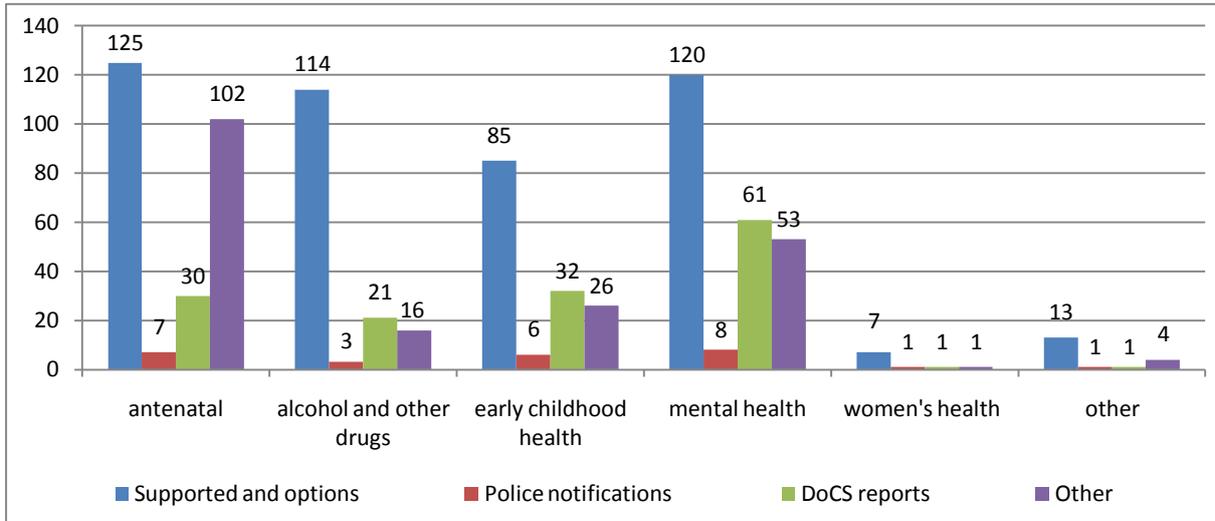


Figure 5: Number of actions taken in all programs in 2007

3.1.6 Reasons Provided for Not Screening¹¹

This is a measure of eligible women not screened as a proportion of all eligible women.

The reasons provided for not screening as shown in Figure 6 were:

- 1,915 (40.6%) presence of partner
- 1,383 (29.3%) presence of others
- 1,107 (23.4%) other reason
- 317 (6.7%) declined to answer

Information provided in the 'comments' section of the data form provided other reasons including:

- woman was discharged prior to screening
- woman chose not to enter program
- woman requested not to discuss domestic violence when coming for other reason
- woman had no partner
- staff were not trained

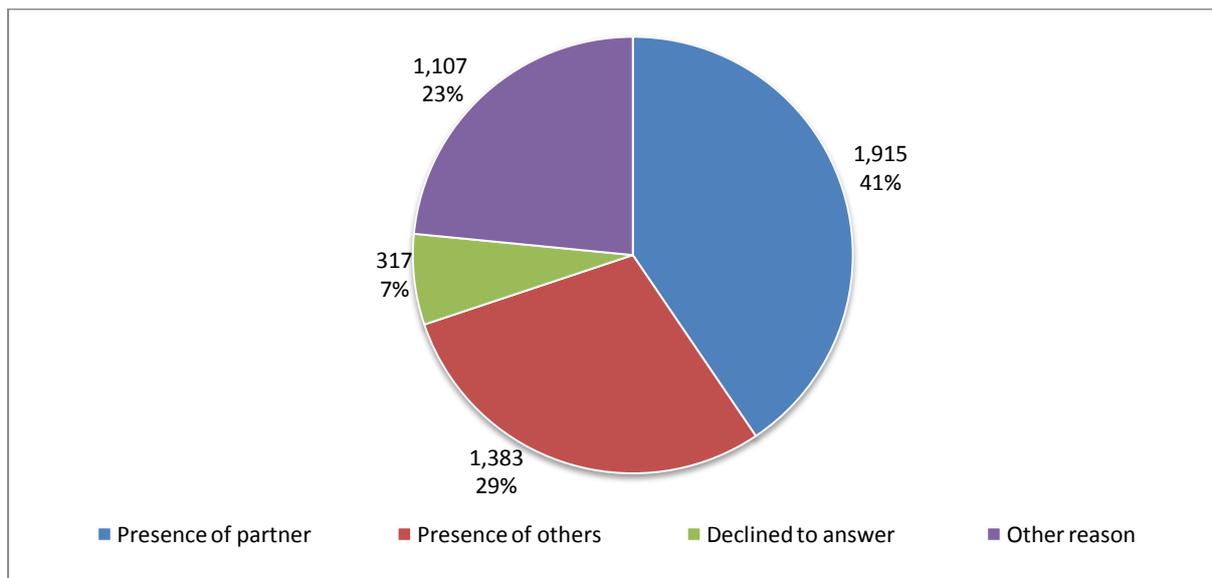


Figure 6: Reasons provided for not screening in 2007

¹¹ All these calculations are based on the reasons provided by the AHS for not screening. There are a large number of instances where no reason is provided. In addition, there are often more reasons given for not screening than women who were not screened, indicating some staff are recording multiple reasons for not screening.

3.2 Results by Target Programs

3.2.1 Antenatal Services

Antenatal services in all Area Health Services have implemented screening.

5,864 eligible women attended antenatal services. 4,940 (84.2%) eligible women were screened.

The percentage of eligible women screened varied from 46.5% in Greater Southern to 95% in Sydney South West Area Health Service as shown in Figure 7.

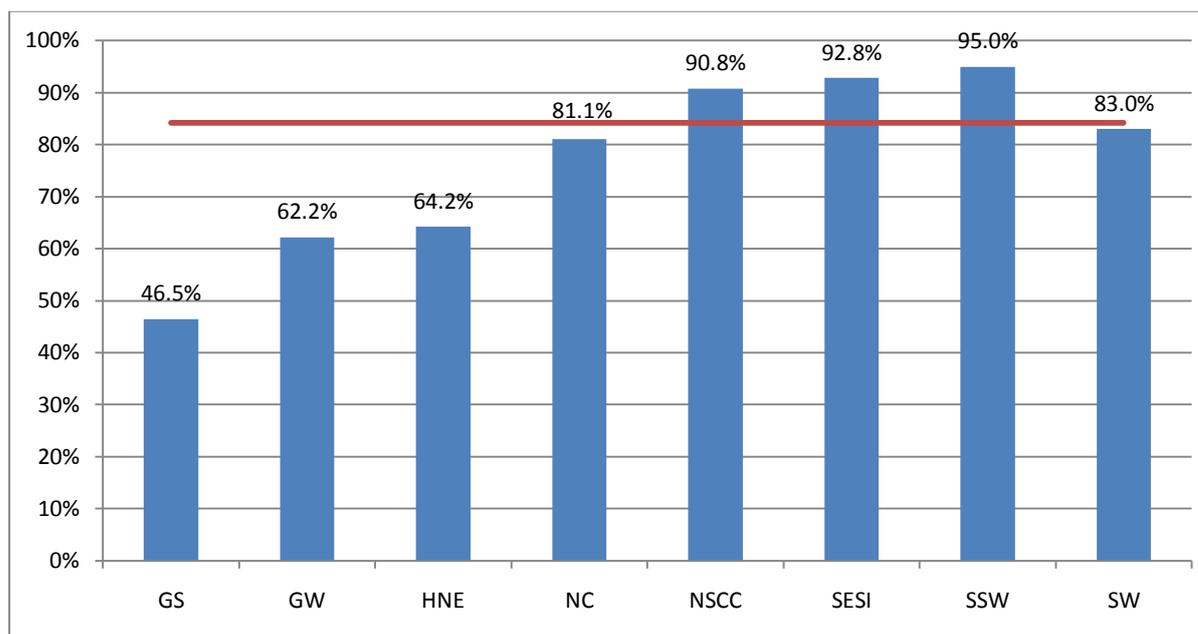


Figure 7: Percentage of women screened in antenatal services in 2007 by Area Health Service¹²¹³

187 (3.8%) women screened in antenatal services were identified as having experienced domestic violence in the previous 12 months. The percentage of eligible women screened who identified as having experienced domestic violence in the previous 12 months varied across Area Health Services from 0% in Greater Southern and Greater West to 6.2% in North Coast Area Health Service as shown in Figure 8.

¹² Responses were not received from all antenatal services in Greater Southern Area Health Service.

¹³ Area Health Service abbreviations: GS Greater Southern, GW Greater Western, HNE Hunter New England, NC North Coast, NSCC Northern Sydney Central Coast, SESI South Eastern Sydney & Illawarra, SSW Sydney South West and SW Sydney West.

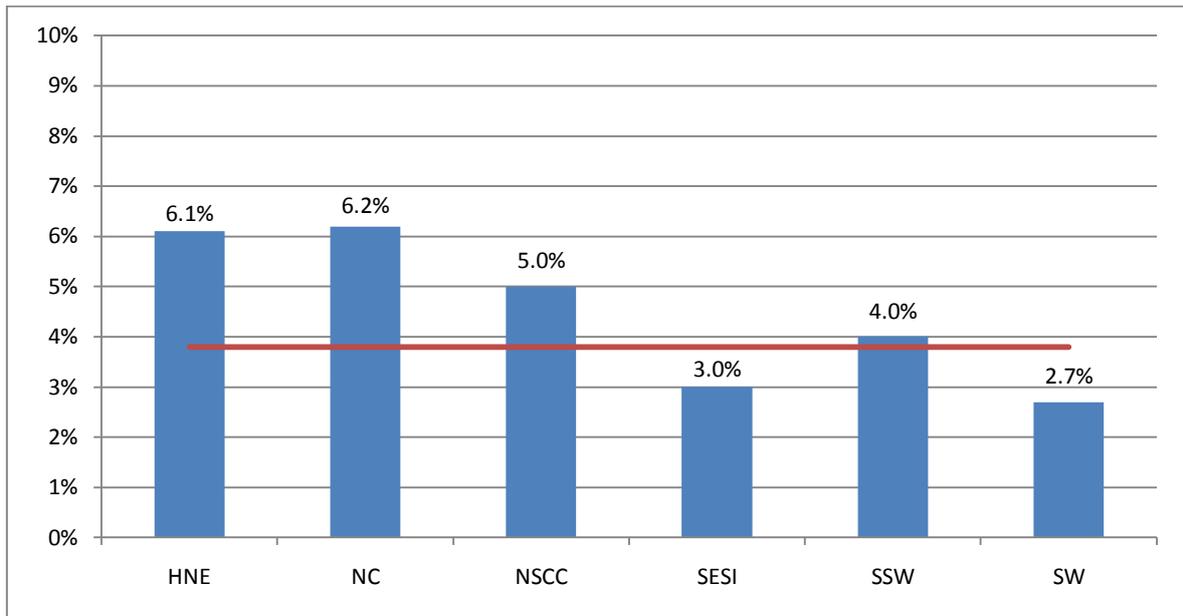


Figure 8: Percentage of women where domestic violence was identified in antenatal services in 2007 by Area Health Service

52 (27.8%) women who identified as having experienced domestic violence accepted an 'offer of assistance'.

'Actions taken' in response to women screened as shown in Figure 9 comprised:

- 125 support given and options discussed
- 30 reports to Community Services
- 7 notifications to Police
- 102 other referrals

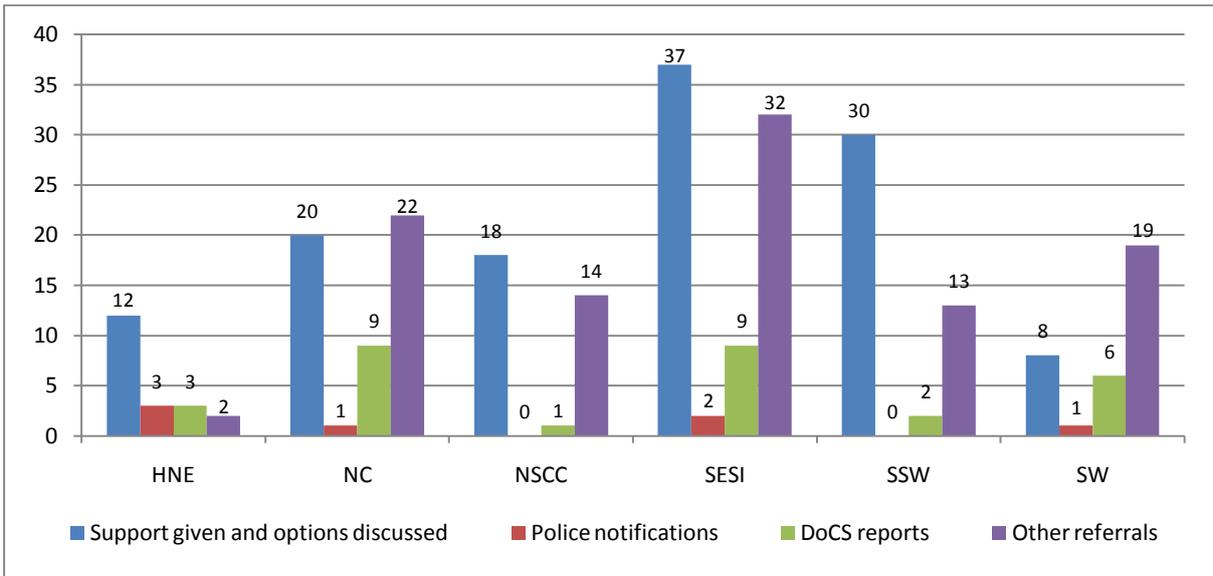


Figure 9: Number of actions taken in antenatal services in 2007 by Area Health Services

The reasons provided for not screening as shown in Figure 10 comprised:

- 307 (36.1%) presence of partner
- 180 (21.2%) presence of others
- 151 (17.8%) other reason (not cited)
- 212 (24.9%) declined to answer

A significant number of eligible women, 202, declined to participate in the screening process in Sydney West, accounting for 74.5% of the reasons given in that Area Health Service.

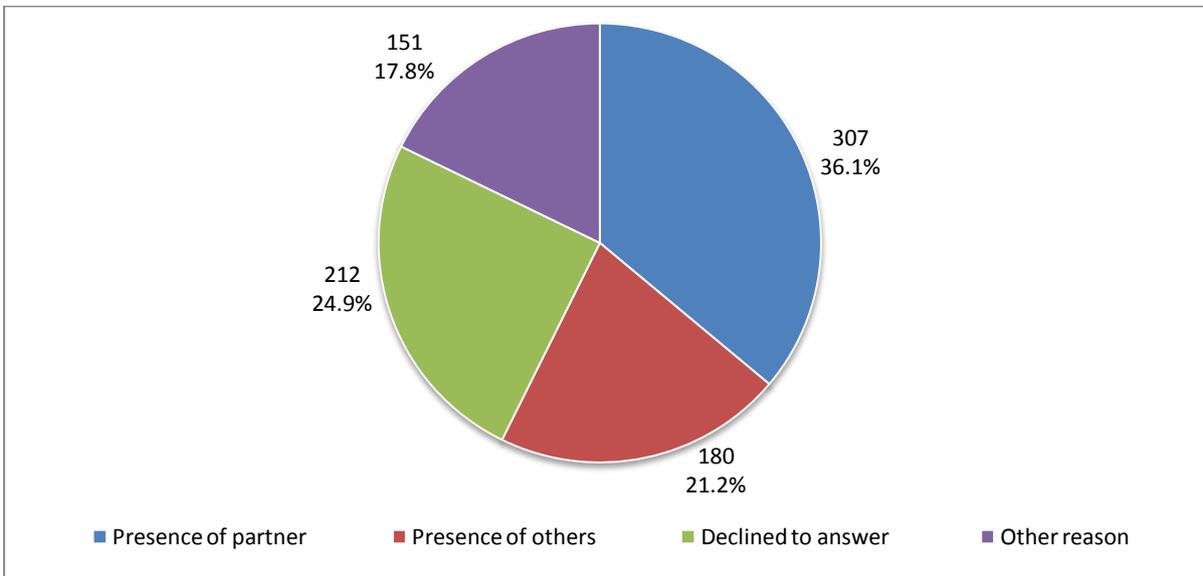


Figure 10: Reasons provided for women not screened in antenatal services in 2007

3.2.2 Alcohol and Other Drugs Services

Alcohol and other drugs services in all Area Health Services have implemented screening.

750 eligible women attended alcohol and other drugs services. 653 (87.1%) eligible women were screened. Screening rates varied from 68.3% in Greater Southern to 100% in South West Area Health Service as shown in Figure 11.

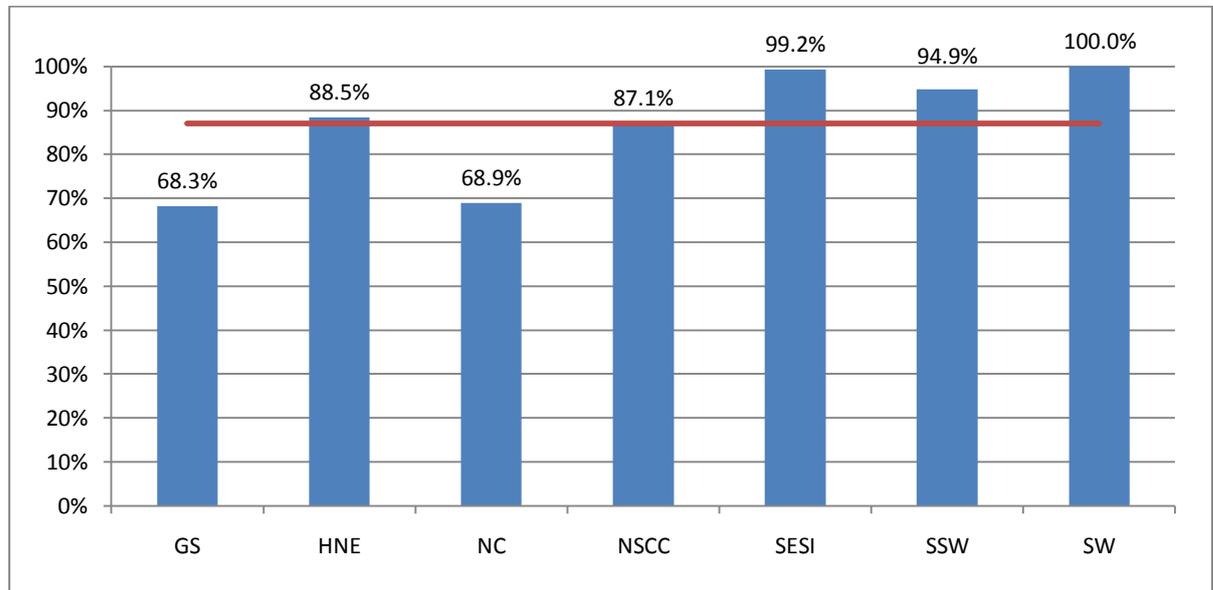


Figure 11: Percentage of women screened in alcohol and others drugs services in 2007 by Area Health Service¹⁴

23.6% (154) of women screened identified as having experienced domestic violence in the previous 12 months. Identification rates varied across Area Health Services from 13.5% in Sydney South West to 51.2% in Greater Southern as shown in Figure 12.

¹⁴ Greater West Area Health Service did not provide data for alcohol and other drugs services for 2007.

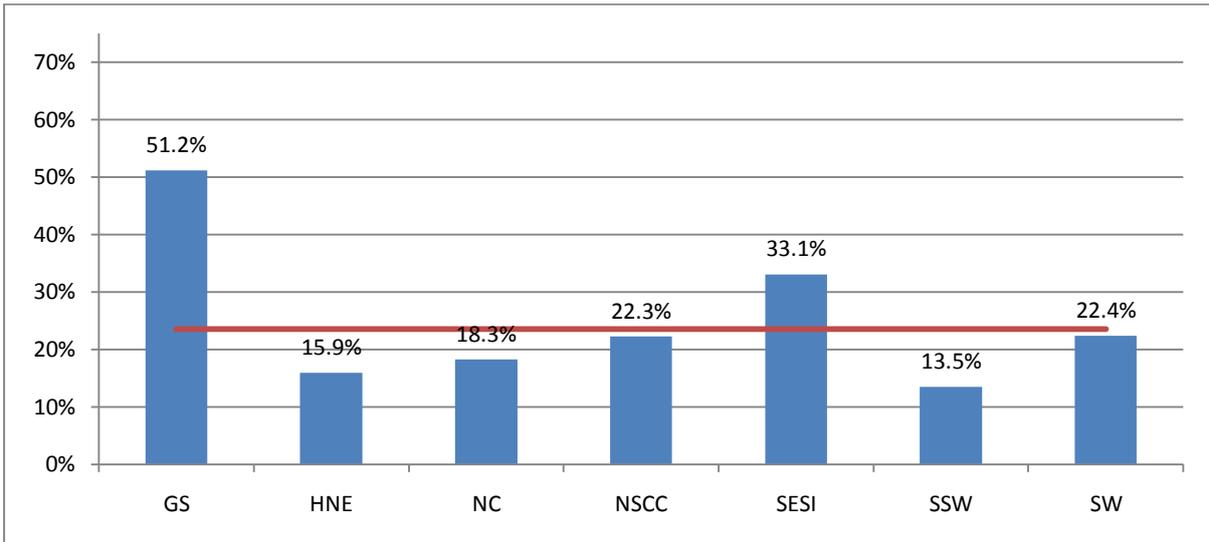


Figure 12: Percentage of women where domestic violence was identified in alcohol and other drugs services in 2007 by Area Health Service

67 (43.5%) women who were identified as having experienced domestic violence accepted an offer of assistance.

'Actions taken' as shown in Figure 15 comprised:

- 114 support given and options discussed
- 21 reports to Community Services, half of which were from South East Sydney and Illawarra
- 3 notifications to Police, all from South East Sydney and Illawarra Area Health Service
- 16 referrals to other services

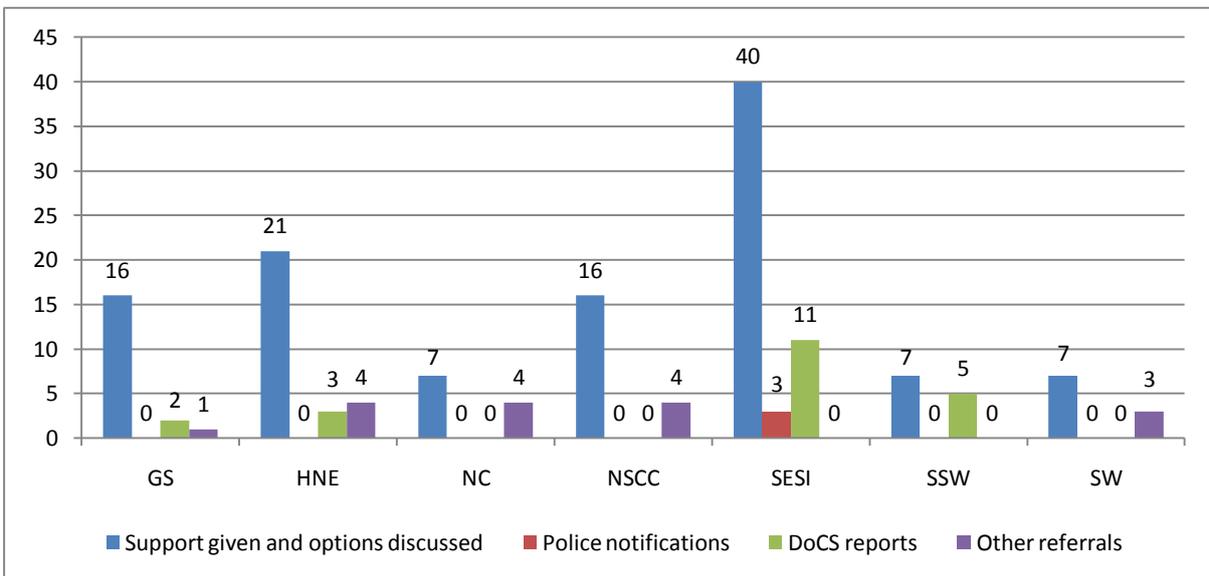


Figure 13: Number of actions taken in alcohol and other drugs services in 2007 by Area Health Service

The presence of another person at screening accounted for 15.5% of 'reason for not screening'. The reasons provided for not screening as shown in Figure 14 comprised:

- 2 (4.4%) presence of partner

- 5 (11.1%) presence of others
- 30 (66.7%) other reason (not cited)
- 8 (17.8%) declined to answer

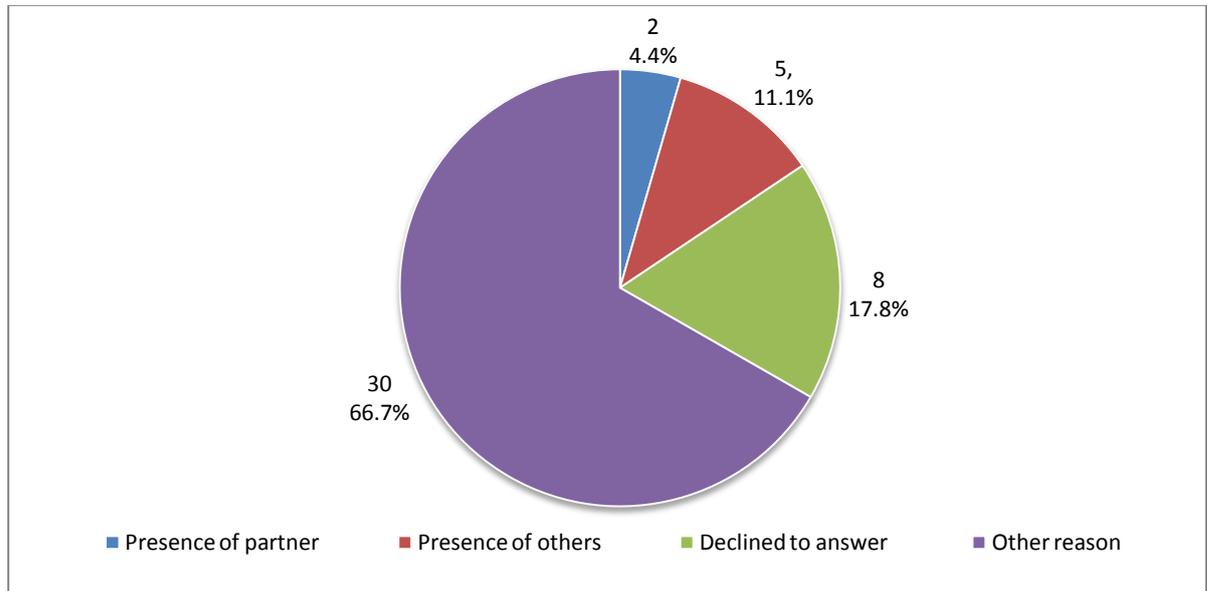


Figure 14: Reasons provided for women not screened in alcohol and other drugs services in 2007

3.2.3 Early Childhood Health Services

All Area Health Services have introduced screening in early childhood health services.

7,397 eligible women attended early childhood health services, with 4,150 (56.1%) of these eligible women screened.

The screening rate varied from 44.5% in Greater Southern to 82.4% in Northern Sydney Central Coast Area Health Service, as shown in Figure 15.

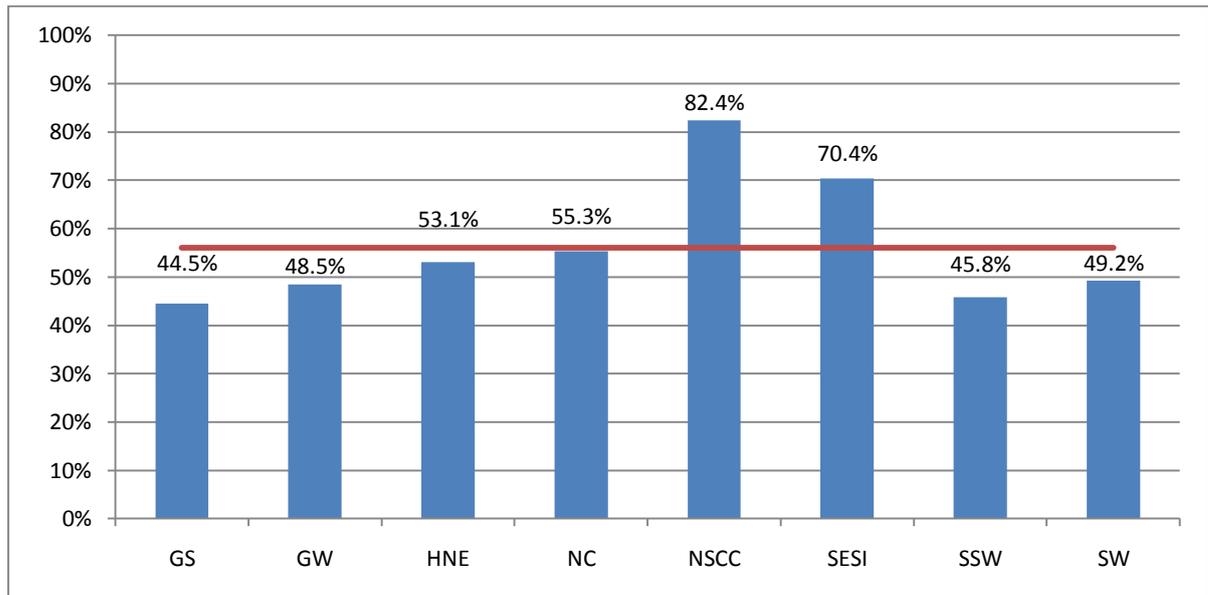


Figure 15: Percentage of eligible women screened in early childhood health services in 2007 by Area Health Service¹⁵

108 (2.6%) screened women were identified as having experienced domestic violence in the previous 12 months. Identification rates varied across Area Health Services from 1.4% in Sydney West to 6.2% in Greater West. Identification rates were consistently higher in the rural Area Health Services of Greater Southern, Greater West, Hunter New England and North Coast, as shown in Figure 16.

¹⁵ Responses were not received from all early childhood health services in Greater Southern Area Health Service.

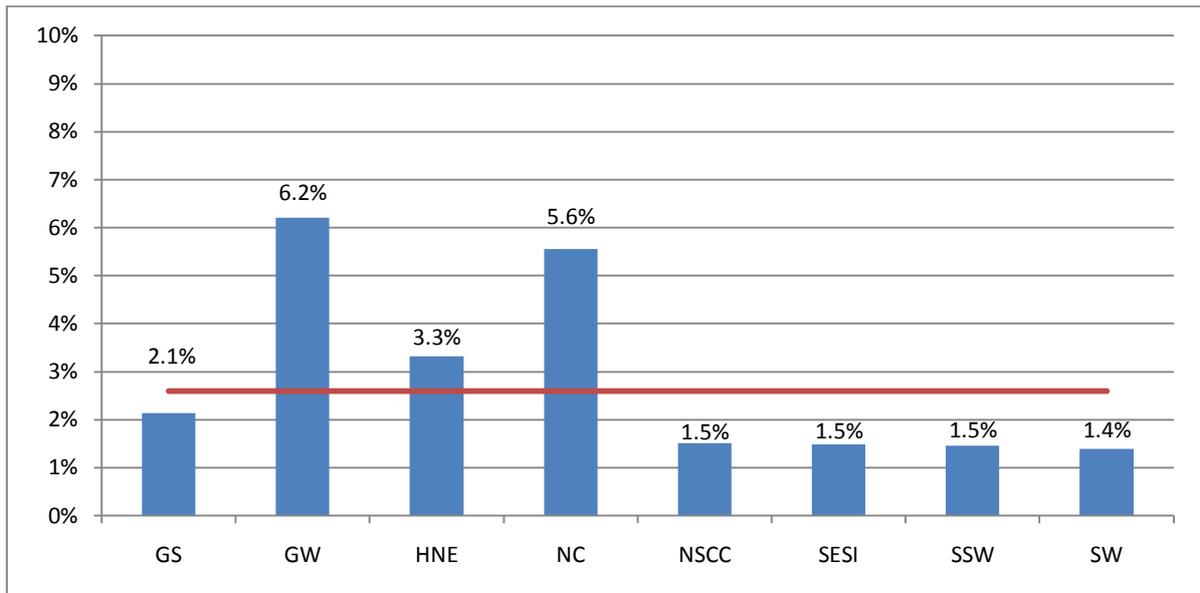


Figure 16: Percentage of women where domestic violence was identified in early childhood health services in 2007 by Area Health Service

25 women identified as having experienced domestic violence accepted an offer of assistance, 60.0% of these women were in Northern Sydney Central Coast Area Health Service.

'Actions taken' as shown in Figure 17 comprised:

- 85 support given and options discussed
- 32 reports to Community Services
- 6 notifications to Police
- 26 referrals to other services

Greater Southern Area Health Service did not provide data on 'actions taken' after screening.

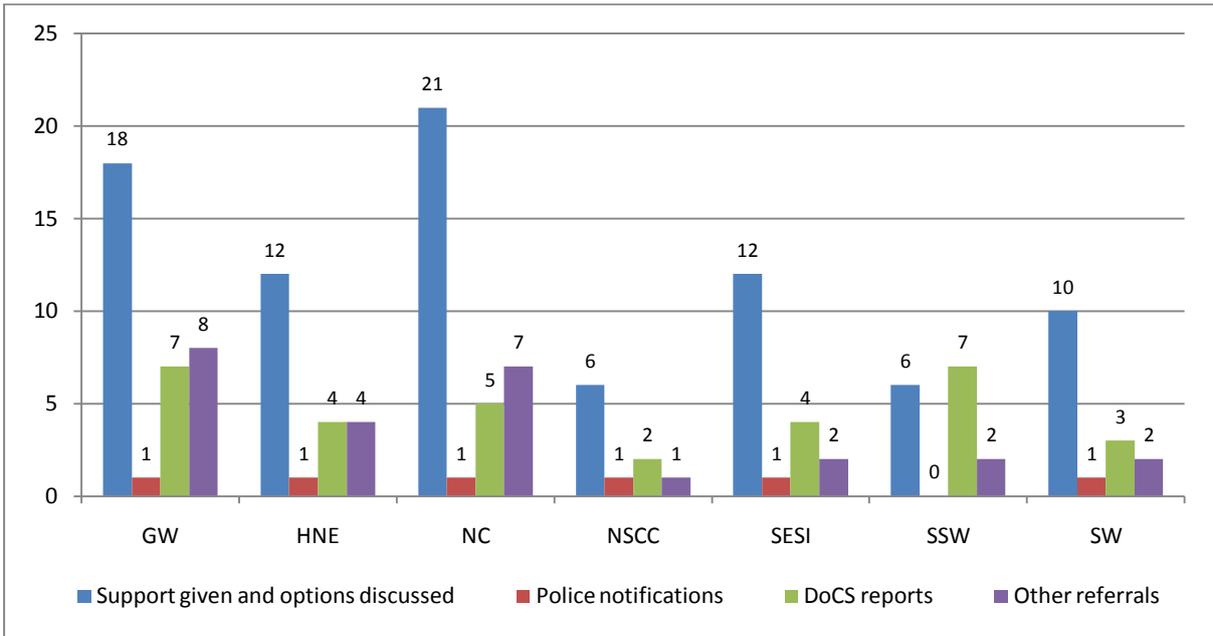


Figure 17: Number actions taken in early childhood health services in 2007 by Area Health Service

The presence of partner or other person accounted for 2,688 (87.8%) of the reasons provided for not screening, as shown in Figure 18. This comprised:

- 1,552 (50.7%) presence of partner
- 1,136 (37.1%) presence of others
- 331 (10.8%) other reason (not cited)
- 41 (1.3%) declined to answer

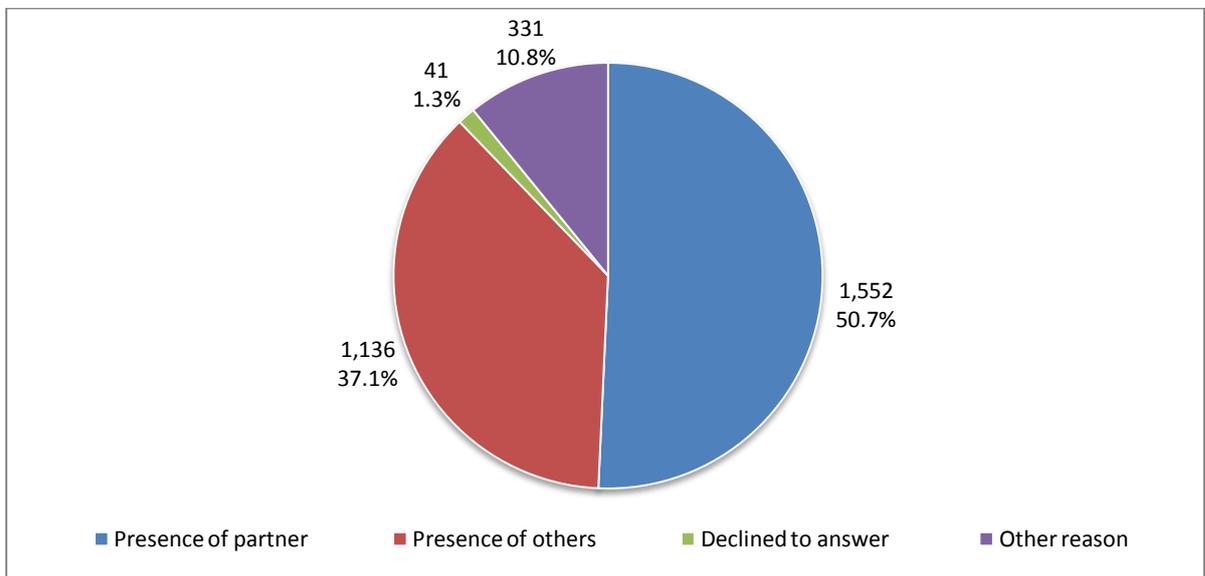


Figure 18: Reasons provided for women not screened in early childhood health services in 2007

3.2.4 Mental Health Services

Mental health services in all Area Health Services have implemented screening.

2,343 eligible women attended a mental health service, of which 1,102 (47.0%) were screened. Screening rates varied between Area Health Services from 17.1% in Sydney South West to 65.3% in North Coast Area Health Service as shown in Figure 19.

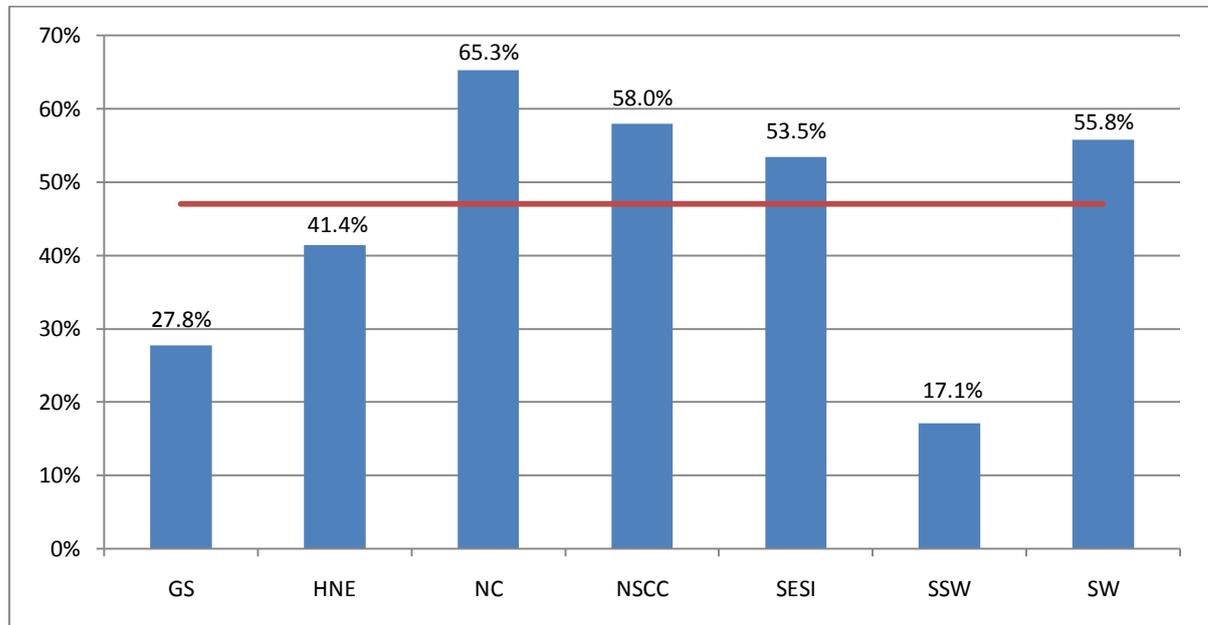


Figure 19: Percentage of women screened in mental health services in 2007 by Area Health Service¹⁶

183 (16.6%) of all women screened in mental health services were identified as having experienced domestic violence in the previous 12 months. Identification rates varied across Area Health Services from 10.1% in North Coast to 43.3% in Sydney South West as shown in Figure 20.

¹⁶ Greater West Area Health Service did not provide data on mental health services. Some mental health services in South Eastern Sydney Illawarra Area Health Service did not provide data for the Snapshot.

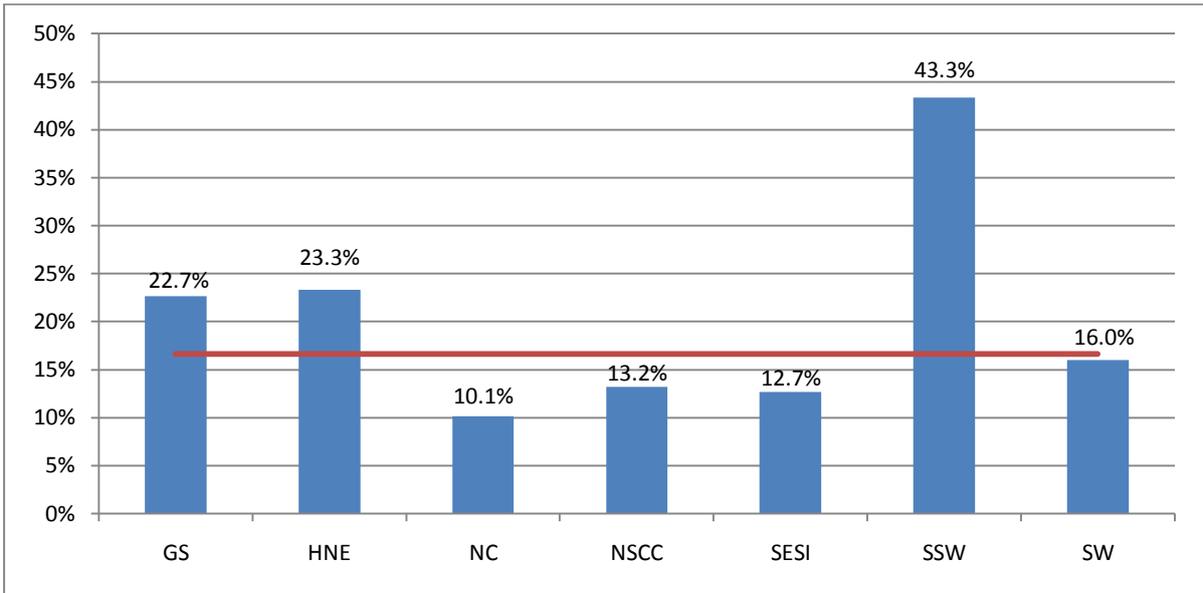


Figure 20: Percentage of women screened where domestic violence was identified in mental health services in 2007 by Area Health Service

59 (32.2%) of women screened identified as having experienced domestic violence accepted an offer of assistance. For mental health services in Greater Southern and North Coast Area Health Services there were no women in these categories.

'Actions taken' as shown in Figure 21 comprised:

- 120 support given and options discussed
- 61 reports to Community Services
- 8 notifications to Police
- 53 referrals to other services

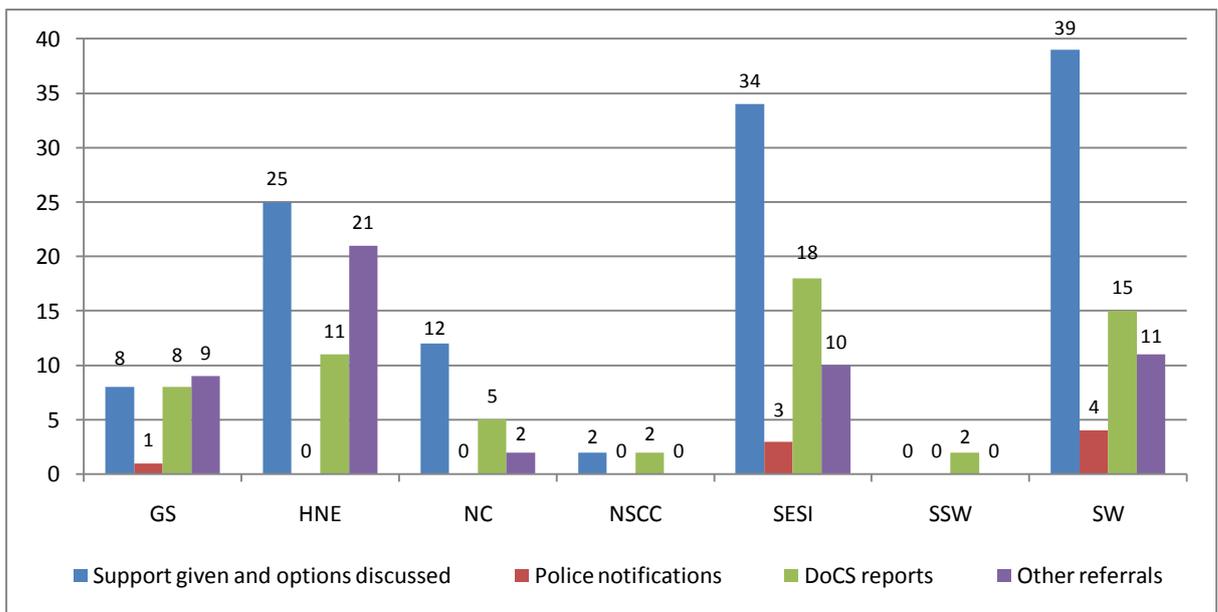


Figure 21: Number actions taken in mental health services in 2007 by Area Health Service

The presence of partner or other person accounted for 52 (7.7%) of the reasons given for not screening as shown in Figure 22. This comprised:

- 28 (4.1%) presence of a partner
- 24 (3.6%) presence of others
- 570 (84.3%) other reason (not cited)
- 54 (8.0%) declined to answer

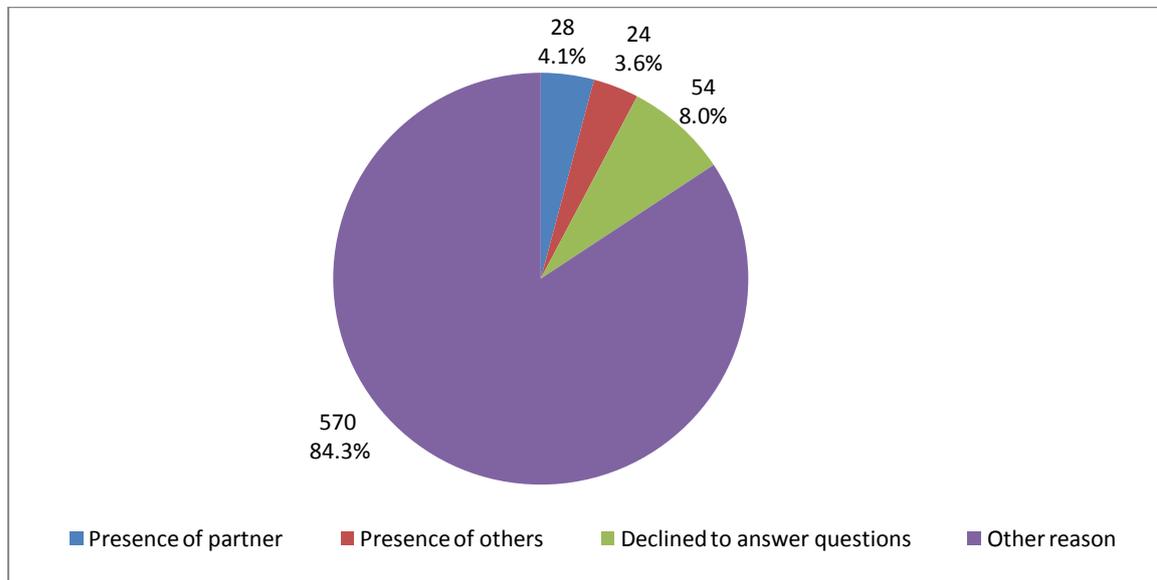


Figure 22: Reasons provided for not screening mental health services in 2007

3.3 Results in Additional Programs

Many Area Health Services have elected to introduce screening into other service streams.

3.3.1 Women’s Health Nursing Services

Six Area Health Services have introduced screening in women’s health nursing services, Greater Southern, Greater West, Hunter New England, North Coast, Northern Sydney Central Coast and South East Sydney Illawarra as shown in Figure 23.

715 eligible women attended a women’s health nursing service, of which 655 (91.6%) eligible women were screened.

Screening rates varied from 85.7% in Hunter New England to 100% in Greater Southern and Northern Sydney Central Coast Area Health Service.

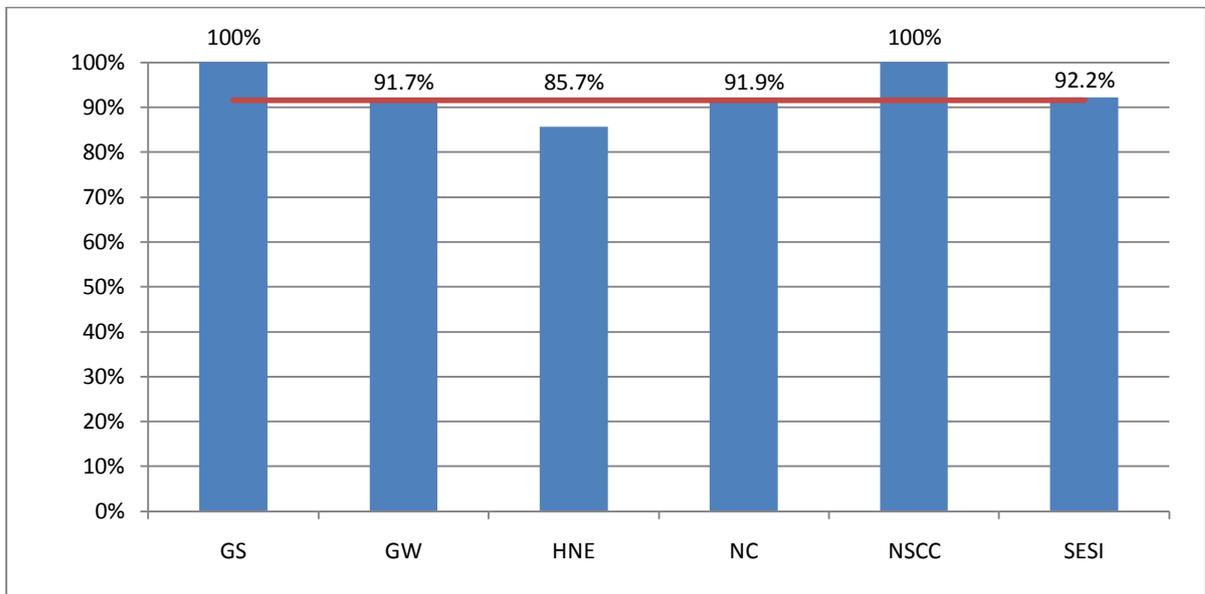


Figure 23: Percentage of eligible women screened in women’s health nursing services in 2007 by Area Health Service

12 (1.8%) women were identified as having experienced domestic violence in the previous 12 months. Identification rates varied across Area Health Services, with nil recorded in Greater Southern and 5.1% in South East Sydney Illawarra Area Health Service as shown in Figure 24.

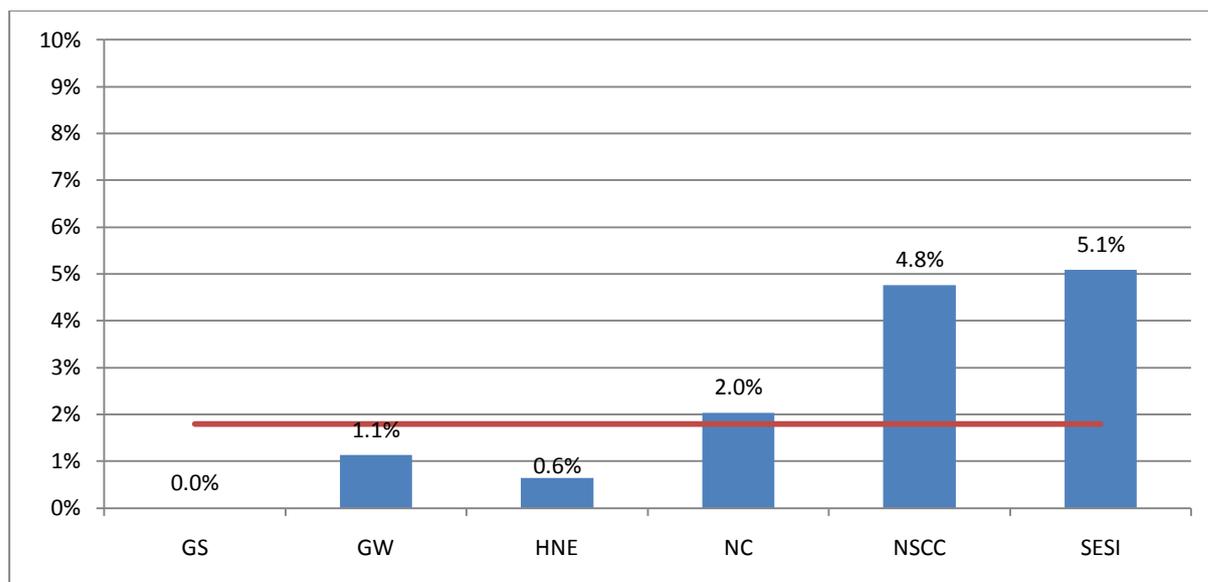


Figure 24: Percentage of women where domestic violence was identified in women's health nursing services 2007 by Area Health Service

Where domestic violence was identified two women (16.7%), accepted an offer of assistance.

'Actions taken' comprised:

- 7 support given and options discussed
- 1 report to Community Services
- 1 notification to Police
- 1 referral to another service

3.3.2 Sexual Assault Services

Northern Sydney Central Coast and South East Sydney Illawarra Area Health Service have introduced screening in adult sexual assault services.

26 of the 28 eligible women attending sexual assault services were screened.

Five women screened were identified as having experienced domestic violence in the previous 12 months.

'Actions taken' comprised:

- 5 support given and options discussed
- 1 notification to Police

3.3.3 Sexual Health Services

A sexual health service in South East Sydney Illawarra Area Health Service implemented screening.

115 women were identified as eligible to be screened and 111 (96.5%) of these eligible women were screened.

Four (3.6%) women were identified as having experienced domestic violence in the previous 12 months.

While no women were recorded as accepting assistance, 'actions taken' comprised:

- 4 support given and options discussed
- 3 referrals to other services

3.3.4 Other Services

Greater West Area Health Service implemented screening in an unspecified nursing program.

110 eligible women attended the service, of which 58 (52.7%) were screened. Of the women screened.

Four (6.9%) women were identified as having experienced domestic violence in the past 12 months.

'Actions taken' comprised:

- 2 support given and options discussed
- 1 report to Community Services

Appendix 1: 2003 - 2007 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%

Action taken

Year	Number of Police notifications	Number of Community Services reports	Number of other Referrals	Referrals inside health	Referrals outside health
2003	5	23	99	Not asked	Not asked
2004	22	60	176	136	125
2005	27	144	210	140	50
2006	44	163	251	134	57
2007	26	146	202	160	71

Reasons screening not completed¹⁷

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%

¹⁷ Calculations on 'reasons for not screening' are based on the actual reasons provided by the AHS for not screening. There are a large 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 are 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 2007

Routine Screening for Domestic Violence: Snapshot 5: 1 - 30 November 2007												
Area:												
Program												
Facility												
Contact person:				Phone:				Email:				
Screening:					Action Taken:				Screening not completed due to:			
1	2	3	4	5	6	7	8	9	10	11	12	13
Number - eligible women who presented to the facility	Number - women screened	Number - DV Identified - 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 - DoCS reports	Number - other referrals**	Number - presence of partner	Number - presence of others	Number - declined to answer question	Number - other reason

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

Comments:

Appendix 4

Routine Screening for Domestic Violence Guidelines for Data Collection Snapshot 5: 1-30 November 2007

To: All services and facilities conducting routine screening for domestic violence

The NSW Health *Policy and Procedures for Identifying and Responding to Domestic Violence* (2003) requires the introduction of routine screening of eligible women for domestic violence in the program streams antenatal, early childhood health, mental health, and alcohol and other drugs services by the end of 2004 using the screening format provided by the Department. Other services in addition to the four target program areas may also screen.

The Policy identifies the need for Area Health Services to participate in data collection processes, which document the level and some outcomes of screening. To make this process as straightforward as possible, the data collection takes the form of an annual snapshot over a one-month period in each service / facility that has commenced screening. The 2007 snapshot will occur **1 - 30 November 2007** inclusive.

Each facility is asked to complete the following data collection proforma and submit to the Area Health Service for collating into program before forwarding collated data to the Department by **28 February 2008**.

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

Explanatory Notes for completing data snapshot November 2007 proforma:

1. Facilities will need to develop their own data gathering strategy eg concurrent data collection, file audit, CHIME.
2. Whole numbers only are required.
3. *'Program'* refers to the broad program area. Area Health Services should complete a collated form for each program. Please ensure the program areas are clearly and separately defined ie the screening target programs of Early Childhood Health (the service provided by Child and Family Health Nurses), Alcohol and Other Drugs, Mental Health, and Antenatal Services. If additional program areas are screening, eg within community health or hospital services, please note the program area of these other services.
4. *'Facility'* refers to the specific service or site eg X Antenatal Clinic, Y Community Mental Health Centre.
5. Please note a contact person for the screening facility, with contact details, for checking of any information if required.
6. Column 1 is the total number of *'eligible women'* who presented during 1-30 November inclusive.
7. *Eligible women*, means *all women* attending antenatal and early childhood services, and *women aged 16 and over* attending mental health, alcohol and other drugs, or other services. It is understood services may count *'eligible women'* differently, eg new clients only.
8. Column 2 is total number of all eligible women for whom the screening form was completed.
9. Column 3 is the total number of women who answered **"yes"** to question 1 *and/or* question 2.
10. Column 4 is the total number of women who answered **"no"** to question 3.
11. Column 5 is the total number of women who answered **"yes"** to question 4.

12. Column 6 is the total number of women who identified domestic violence by answering, “**yes**” to questions 1 or 2, **and** who received support and/or with whom options were discussed. This includes receiving the domestic violence z-card or any other written or verbal information.
13. The ‘**Action taken**’ section, asks for total numbers of Police notifications (Column 7), total numbers of Department of Community Services reports (Column 8), and total numbers of referrals to any service (column 9). Count **all** such actions taken. Individual women may be the subject of more than one of these actions, therefore need to be counted in each category. **Only include women for whom domestic violence was identified through screening.** Do not include referrals made where domestic violence was not identified.
14. The ‘**Screening not completed due to**’: section asks the reasons why screening may not have been completed. This refers to eligible women for whom screening was not commenced, as well as circumstance in which the screening process was not completed. Numbers are requested for screening not completed due to: ‘presence of partner’ (Column 10), ‘presence of others’ (Column 11), declined to answer question (Column 12). ‘Other reason’ (Column 13) could cover a range of possibilities eg lack of private space, interruption, domestic violence already identified therefore screening was not necessary etc. The ‘other reasons’ are to be statistically collated and do not need to be specified on the form, however may be stated in ‘Comments’. **If screening not completed, please provide one main reason only.**
15. As a double check, please note that the total for Columns 10-13 should equal the difference between columns 1 and 2.
16. The ‘**Other Referrals**’ section at the bottom of the form asks for more detailed information regarding all ‘other referrals’ and whether these are within the public health system such as to an antenatal social work service, or to outside services eg Domestic Violence Court Assistance Schemes, Police Domestic Violence Liaison Officer. Please note the total numbers of referrals. Individual women may be referred to more than one service, and thus counted more than once. **Only complete this when domestic violence was identified through screening, not when referral made for other clients for other reasons.**
17. The ‘**Comments**’ section allows for any comments a service may wish to make. Please attach another sheet if space is insufficient.
18. If multiple attempts were made to screen an individual woman, please include the **last** attempt made within the November timeframe only.

Appendix 5:

Area Health Service abbreviations

Abbreviation	Name
<i>GS</i>	Greater Southern Area Health Service
<i>GW</i>	Greater West Area Health Service
<i>HNE</i>	Hunter New England Area Health Service
<i>NC</i>	North Coast Area Health Service
<i>NSCC</i>	North Sydney Central Coast
<i>SESI</i>	South Eastern Sydney and Illawarra Area Health Service
<i>SSW</i>	Sydney South West Area Health Service
<i>SW</i>	Sydney West Area Health Service

Appendix 6:

Glossary

Phrase	Definition
Accepted offer of assistance	Measure of the number women accepting assistance as a proportion of screened women who were identified as experiencing domestic violence in the previous 12 months and/or who were identified as 'unsafe to go home'.
Action taken	<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>
Addition programs	Includes sexual assault services, sexual health services and youth health services
Area Health Service (AHS)	<p>Area Health Services were established as distinct corporate entities under the <i>Health Services Act 1997</i> 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.</p> <p>The eight Area Health Services include:</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
Domestic violence	<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</p>

	abuse.”
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 an antenatal 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	All women attending antenatal and early childhood health services, and women aged 16 years and over who attend mental health and alcohol and other drugs services are screened as part of routine assessment.
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.