

DOMESTIC VIOLENCE ROUTINE SCREENING PROGRAM

Snapshot Report 6: November 2008

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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 2008. The same methodology has been applied in each snapshot since 2003.

Key data from each of the years 2003 – 2008 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

Area Health Services collated data from the screening forms for each program that screened women for domestic violence in November 2008 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 included 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 6: November 2008

3.1 Overall Results

3.1.1 Key Findings

The key findings for the November 2008 Snapshot include:

Category	Number
Eligible women who attended a participating service	19,749
Eligible women who were screened	12,536 (63.5% of eligible women)
Eligible women screened who were identified as having experienced domestic violence in the previous 12 months	734 (5.9% of women screened)
Women accepting an offer of assistance	176 (24.0% of women identified as having experienced domestic violence)
Total notifications or referrals	389*
Reports to Community Services	126
Notifications to Police	53
Referrals to other health or other services	210
(*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. Women’s health nursing services returned snapshot data in five Area Health Services, with the Northern Sydney Central Coast not participating in the 2008 Snapshot.

The Area Health Service programs providing data for the 2008 snapshot are listed in Figure 1.

Area Health Services	Antenatal services	Alcohol and other drugs	Early childhood services	Mental health services	Women’s health nursing	Additional programs ⁸
Greater Southern	✓	✓	✓	✓	✓	
Greater Western ⁹	✓	✓	✓	✓ 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 2008

⁸ Additional programs include sexual assault services, sexual health services, social work and psychology.

⁹ Not all GWAHS services participated in the 2007 snapshot.

¹⁰ No data was received from GWAHS remote cluster for alcohol and other drugs services.

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 19,749 women were identified as 'eligible' for screening by all programs participating in the screening snapshot. This comprised:

- 9,581 in early childhood health services
- 5,926 in antenatal services
- 2,164 in mental health services
- 1,026 in alcohol and other drugs services
- 881 in women's health nursing services
- 171 in additional programs

Of these eligible women, 12,536 (63.5%) 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 (90.9%) and the lowest percentage of women screened recorded in early childhood health services (47.8%).

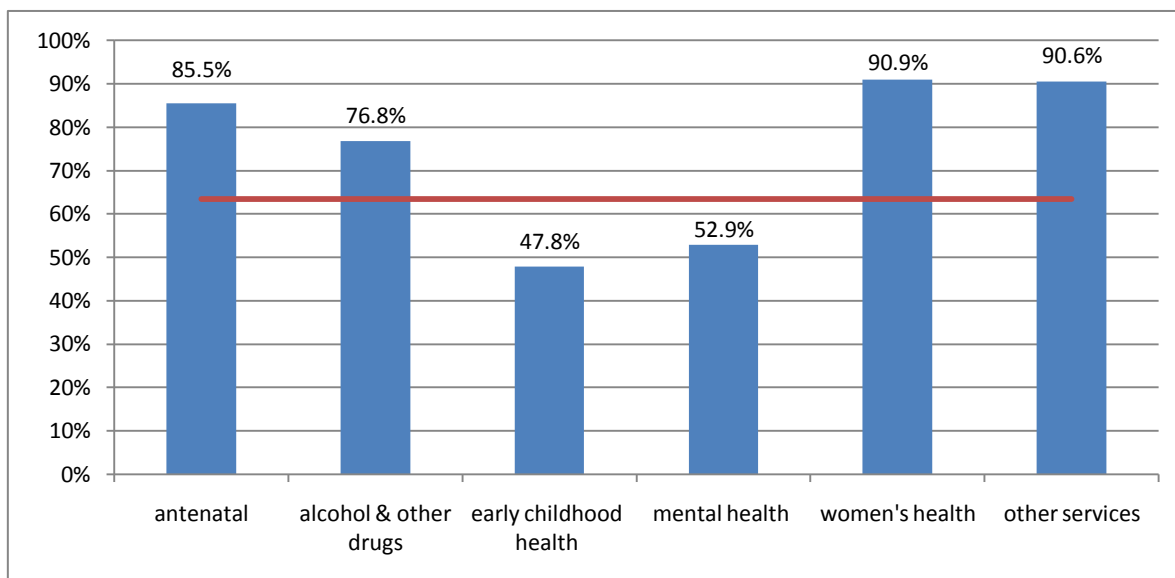


Figure 2: Percentage of eligible women screened by program in 2008

The number of women screened by program (and as a percentage of total women screened) is shown in Figure 3. In 2008 the number of women screened for each program was:

- 5,069 (40.4%) in antenatal services
- 4,579 (36.5%) in early childhood services
- 1,144 (9.1%) in mental health services
- 801 (6.4%) women’s health nursing services
- 788 (6.3%) in alcohol and other drugs services
- 155 (1.2%) in other services

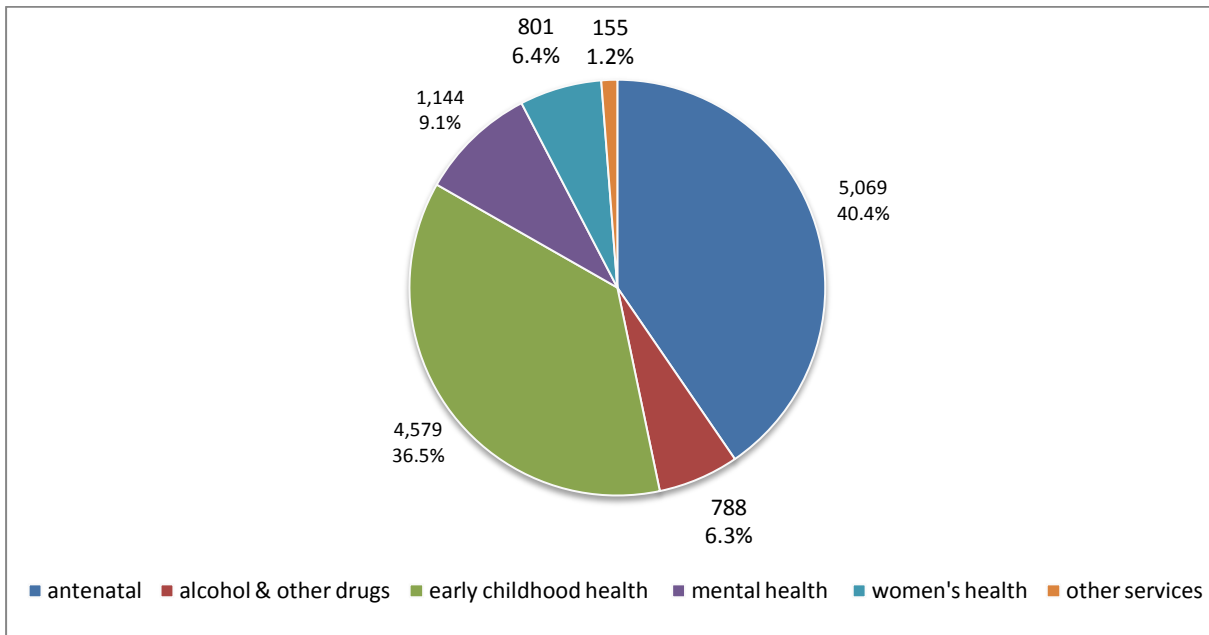


Figure 3: Number of eligible women screened by program in 2008

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 women 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 734 (5.9%) 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 comprised:

- 20.9% (165 of 788 eligible women screened) in alcohol and other drugs services
- 12.9% (20 of 155 eligible women screened) in other programs
- 16.3% (186 of 1,144 eligible women screened) in mental health services
- 4.4% (35 of 801 eligible women screened) in women's health nursing
- 3.4% (172 of 5,069 eligible women screened) in antenatal services
- 3.4% (156 of 4579 eligible women screened) in early childhood health services

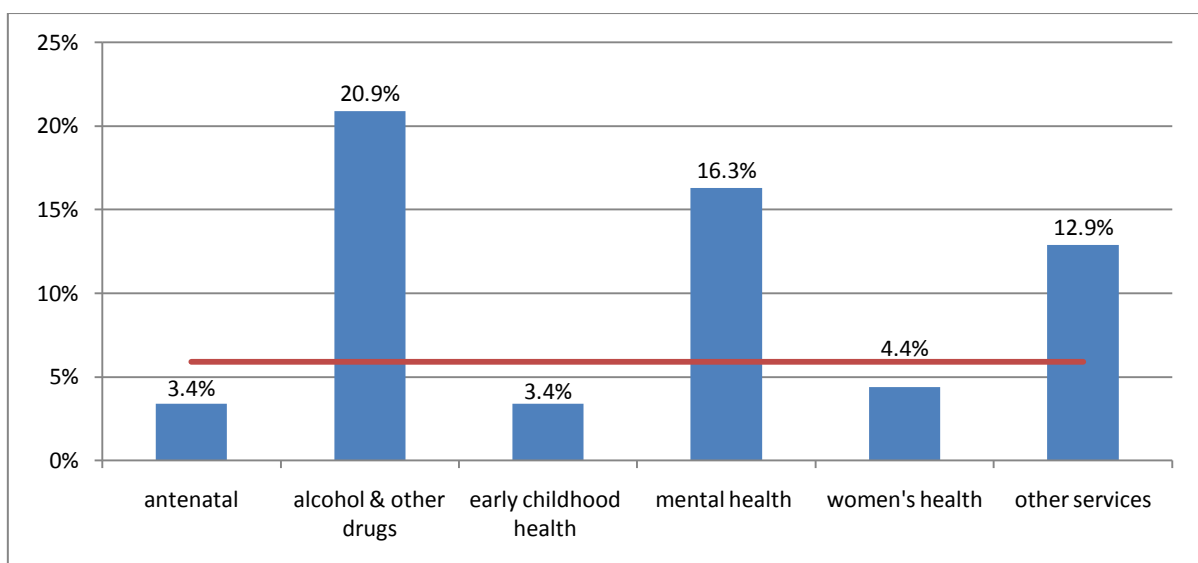


Figure 4: Percentage of women where domestic violence was identified by program in 2008

3.1.5 Action 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

176 (24.0%) of women screened identified as victims of domestic violence accepted the offer of assistance.

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

- 884 support given and options discussed
- 126 reports to Community Services including
 - 37 (21.5%) by antenatal services
 - 11 (6.7%) by alcohol and other drugs services
 - 42 (26.9%) by early childhood health services,
 - 35 (18.8%) by mental health services
 - 1 (0.8%) by women's health nursing service
- 53 notifications to Police
 - 8 (15.1%) by antenatal services
 - 4 (7.5%) by alcohol and other drugs services
 - 23 (43.4%) by early childhood health services,
 - 15 (28.3%) by mental health services
 - 1 (1.9%) by women's health nursing service
 - 2 (3.8%) other services
- 210 other referrals

Referrals to services within NSW Health were often 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 be the subject of multiple 'actions taken' - a report to Community Services, a notification to Police and/or other referrals.

Some women chose not to be referred. Comments provided indicated that some women were already linked with support services.

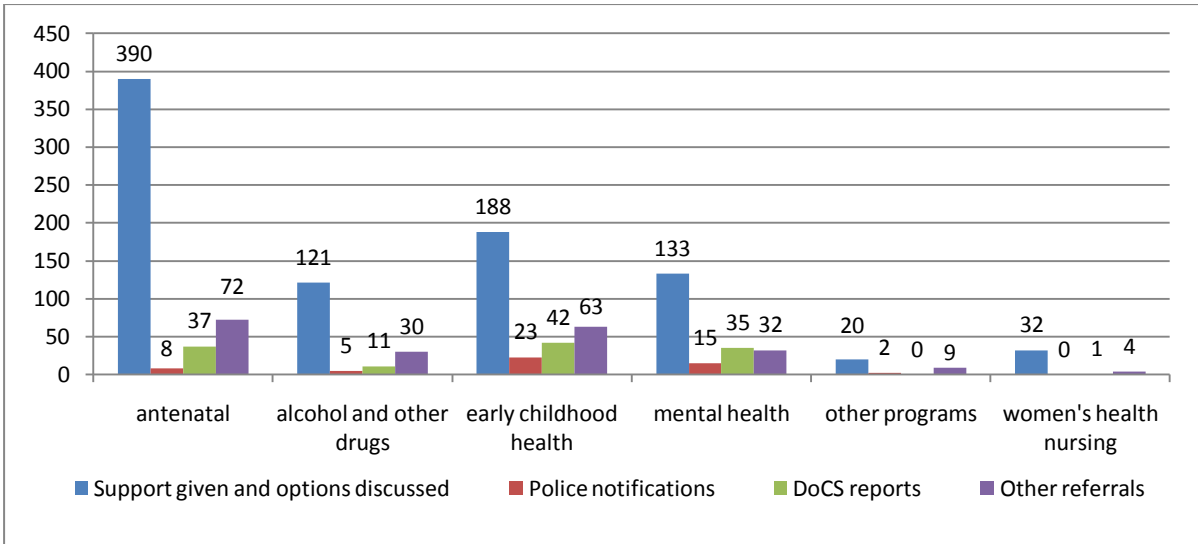


Figure 5: Number of actions taken in all programs in 2008

3.1.6 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 4,703 (75.1%) of the reasons given for not screening as shown in Figure 6. This was broken down into:

- 2,471 (39.4%) presence of a partner
- 2,232 (35.6%) presence of others
- 1,346 (21.5%) other reason.
- 216 (3.4%) declined to answer the questions with a large proportion (123, 56.9%) being from early childhood health in Sydney South West Area Health Service.

Information provided in the 'comments' section provided 'other reasons' for not screening including:

- client too unwell
- patient discharged prior to screening
- client chose not to enter program
- client requested not to discuss domestic violence when coming for other reason
- client had no partner
- interpreter not available
- insufficient staff
- lack of staff training
- screening previously conducted within the period of the snapshot

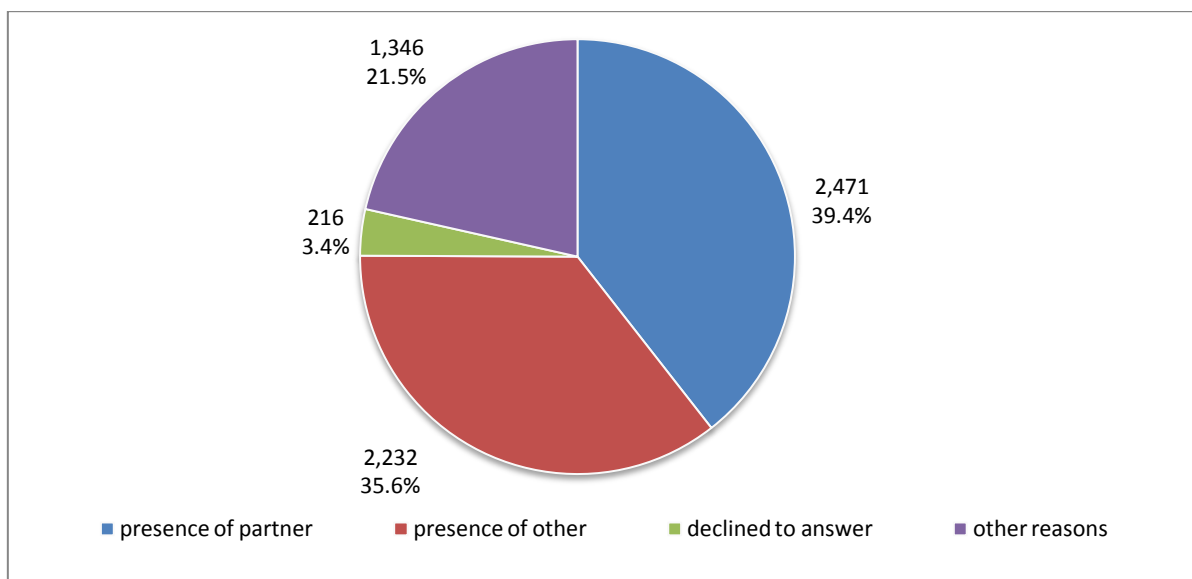


Figure 6: Reasons provided for not completing screening in 2008

3.2 Results by Target Programs

3.2.1 Antenatal Services

Antenatal services in all Area Health Services screen for domestic violence.

5,926 eligible women attended antenatal services, of which 5,069 (85.5%) were screened.

The percentage of women screened across Area Health Services ranged from 47.1% in Greater West to 97.4% in Sydney South West Area Health Service as shown in Figure 7.

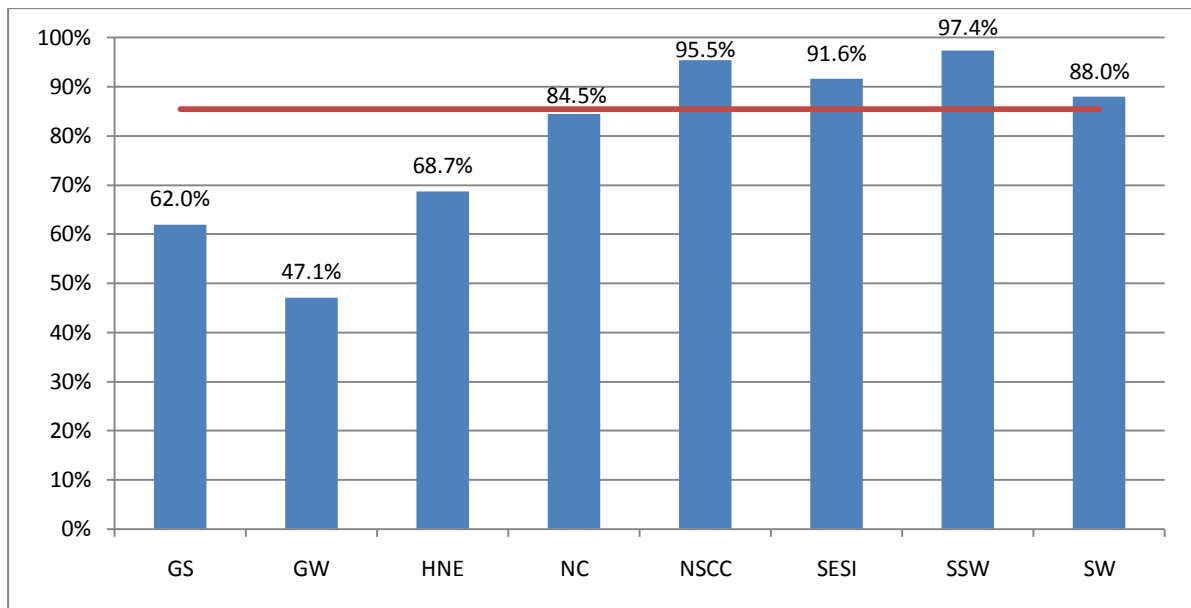


Figure 7: Percentage of eligible women screened in antenatal services in 2008 by Area Health Service¹¹

172 (3.4%) of screened women were identified as having experienced domestic violence in the previous 12 months. Identification rates varied from 2.1% in Sydney South West to 7.3% in Greater Southern Area Health Service as shown in Figure 8.

¹¹ 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.

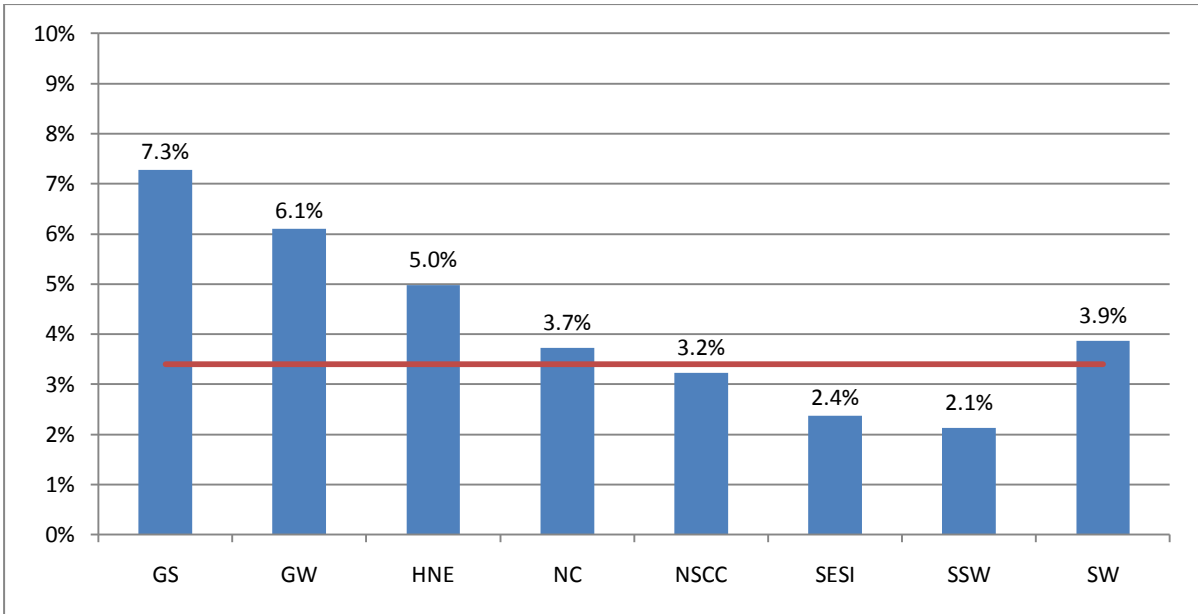


Figure 8: Percentage of women who disclosed domestic violence in antenatal services in 2008 by Area Health Service

46 (26.7%) of the women identified as having experienced domestic violence accepted an offer of assistance.

'Actions taken' are shown in Figure 9 and comprised:

- 390 support given and options discussed
- 37 reports to Community Services
- 8 notifications to Police
- 72 other referrals

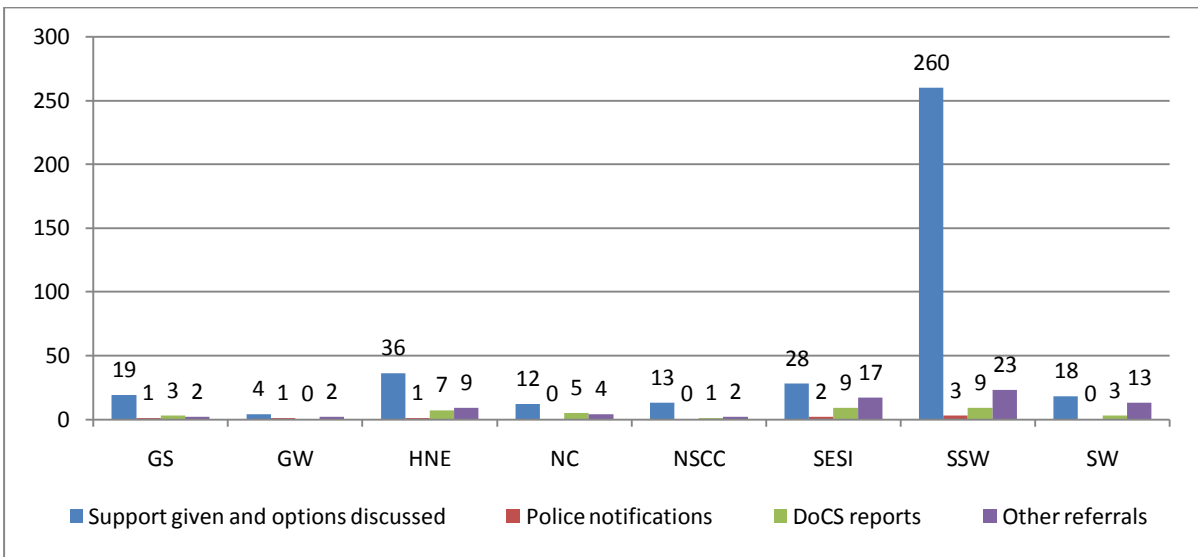


Figure 9: Number actions taken in antenatal services 2008 by Area Health Service

The presence of partner or other person accounted for 523 (62%) of 'reasons for not screening' as shown in Figure 10. 'Reasons for not screening' comprised:

- 361 (42.9%) presence of partner
- 162 (19.3%) presence of others
- 311 (37.0%) other reason (not cited)
- 7 (0.8%) declined to answer

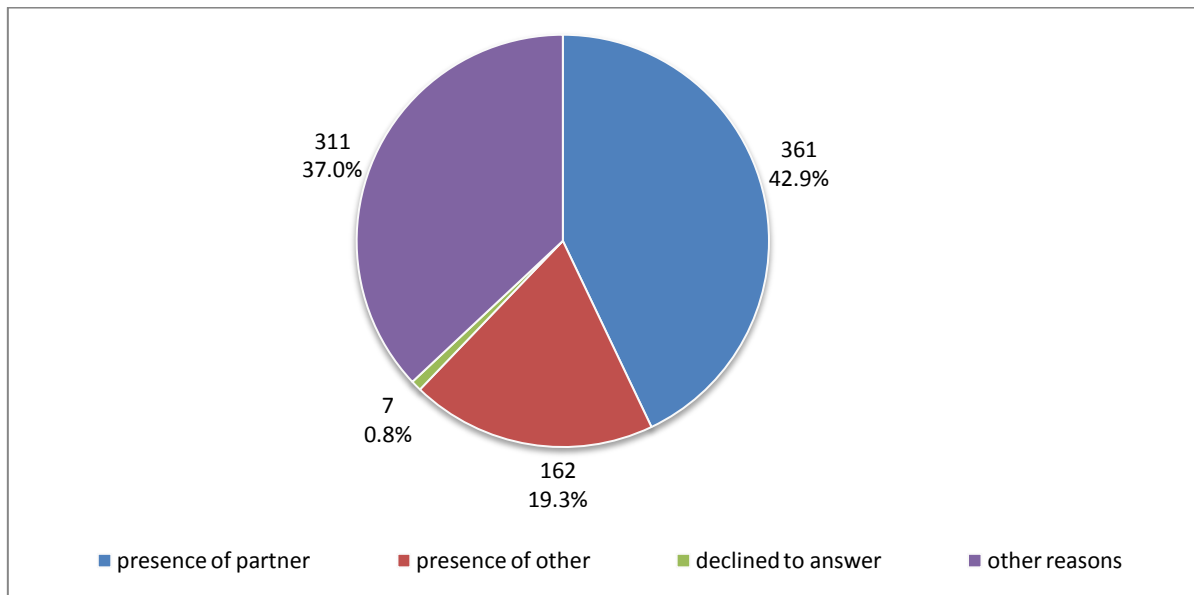


Figure 10: Reasons provided for not screening in antenatal services in 2008

3.2.2 Alcohol and Other Drugs Services

Alcohol and other drugs services in all Area Health Services screen for domestic violence.

Of the 1,026 women attending these services, 788 (76.8%) were screened. Screening rates varied from 43.2% in Sydney West to 98.3% in North Sydney Central Coast Area Health Service as shown in Figure 11.

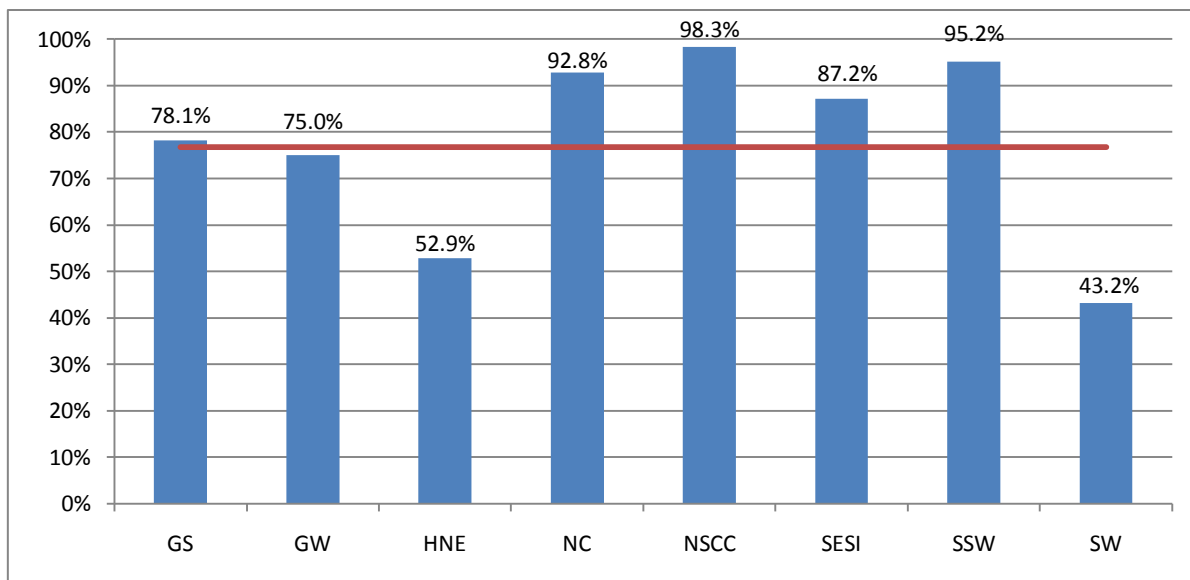


Figure 11: Percentage of eligible women screened in alcohol and other drugs services in 2008 by Area Health Service

Of all women screened in the alcohol and other drugs program, 20.9% (165) identified as having experienced domestic violence in the previous 12 months.

Identification rates varied across Area Health Services from nil in Greater West to 37.3% in South East Sydney Illawarra as shown in Figure 12.

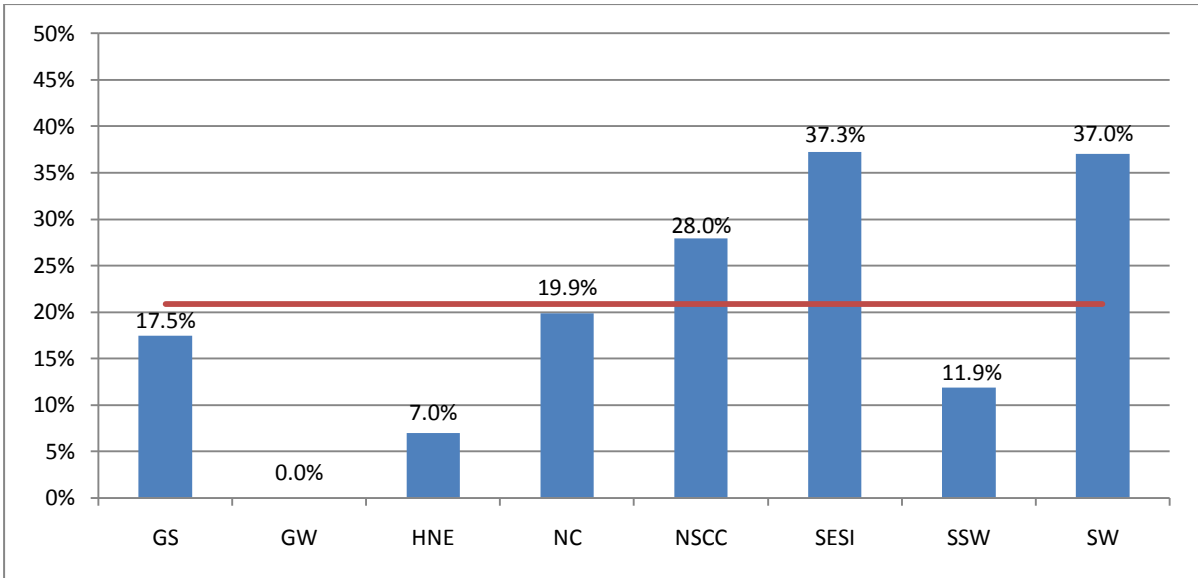


Figure 12: Percentage of women where domestic violence was identified in alcohol and other drugs services in 2008 by Area Health Service

42 (25.5%) screened women who were identified as having experienced domestic violence accepted an offer of assistance.

'Actions taken' are shown in Figure 13 and comprised:

- 121 support given and options discussed
- 11 reports to Community Services
- 5 notifications to Police
- 30 other referrals

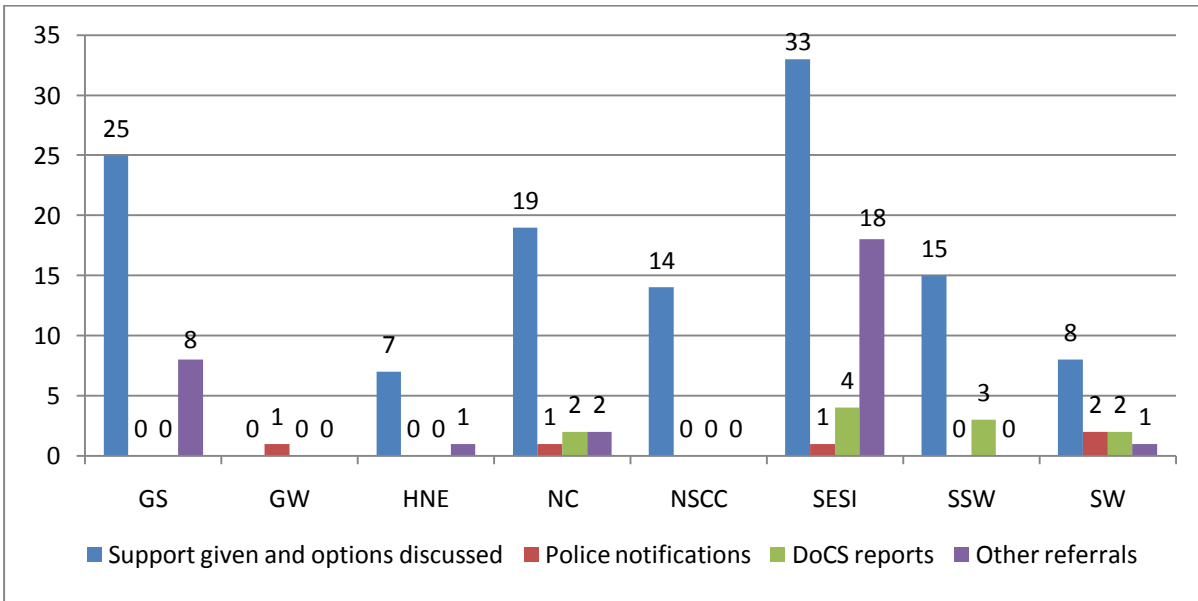


Figure 13: Number of actions taken in alcohol and other drugs services in 2008 by Area Health Service

The presence of a partner or other person accounted for 74 (46.8%) of 'reasons for not screening' as shown in Figure 14. 'Reasons for not screening' comprised:

- 35 (25.2%) presence of partner
- 30 (21.6%) presence of others
- 51 (36.7%) other reason (not cited)
- 23 (16.5%) declined to answer

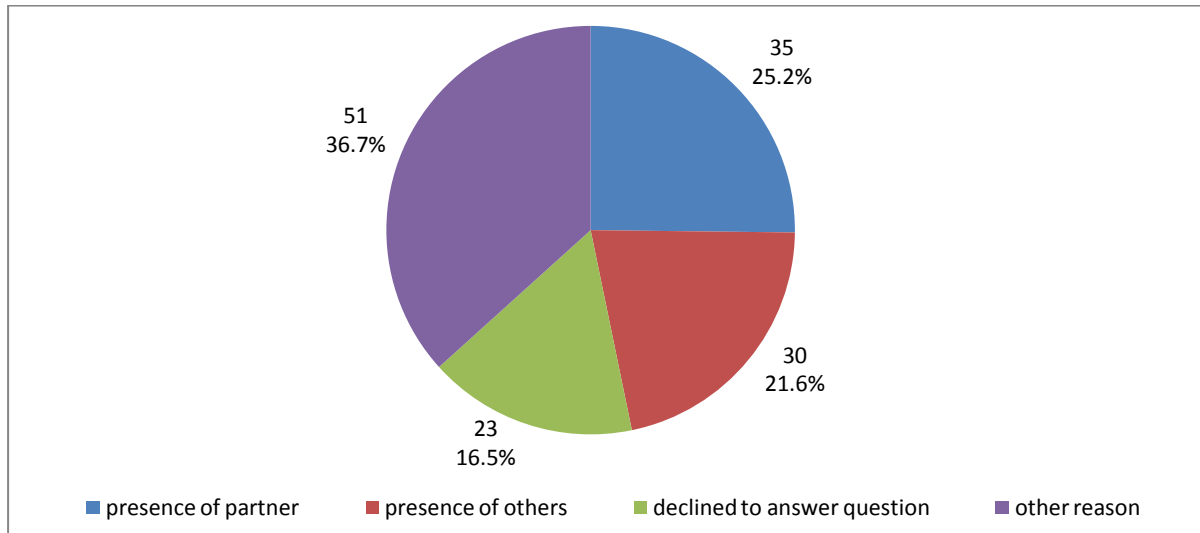


Figure 14: Reasons for not screening in alcohol and other drugs services in 2008

3.2.3 Early Childhood Health Services

All early childhood health services in Area Health Services screen for domestic violence.

9,581 eligible women attended early childhood services. 4,579 (47.8%) of these women were screened.

The screening rate varied from 38.8% in Sydney South West to 61.4% in South East Sydney Illawarra as shown in Figure 15.

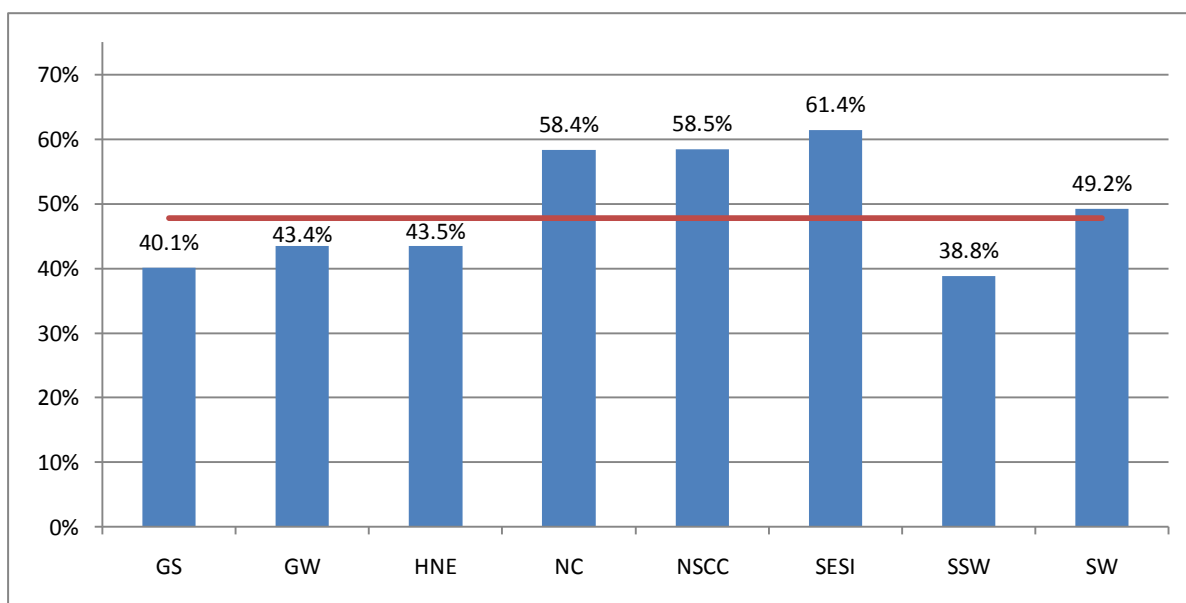


Figure 15: Percentage of eligible women screened in early childhood health services in 2008 by Area Health Service

Of eligible women screened 3.4% (156) were identified as having experienced domestic violence in the previous 12 months.

Identification rates varied across Area Health Services from 0.9% in Sydney West to 5.5% in Greater Southern and North Coast Area Health Service as shown in Figure 16.

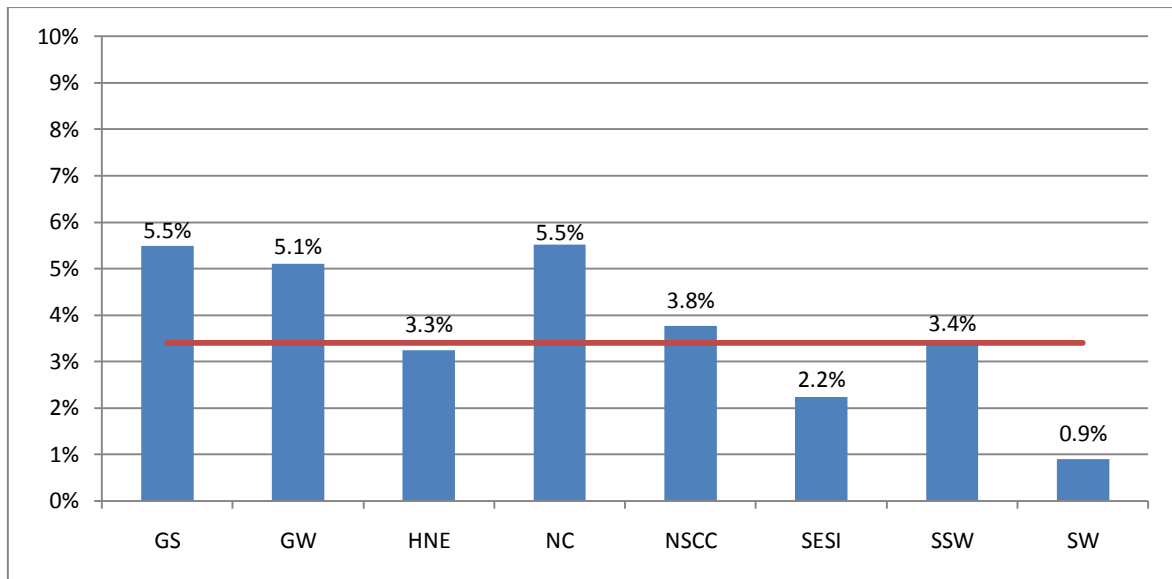


Figure 16: Percentage of women where domestic violence was identified in early childhood services in 2008 by Area Health Service

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

'Actions taken' as shown in Figure 17 comprised:

- 188 support given and options discussed
- 42 reports to Community Services
- 23 notifications to Police, with more than half of these made by Sydney South West Area Health Service
- 63 other referrals, with more than half of these made by North Coast Area Health Service

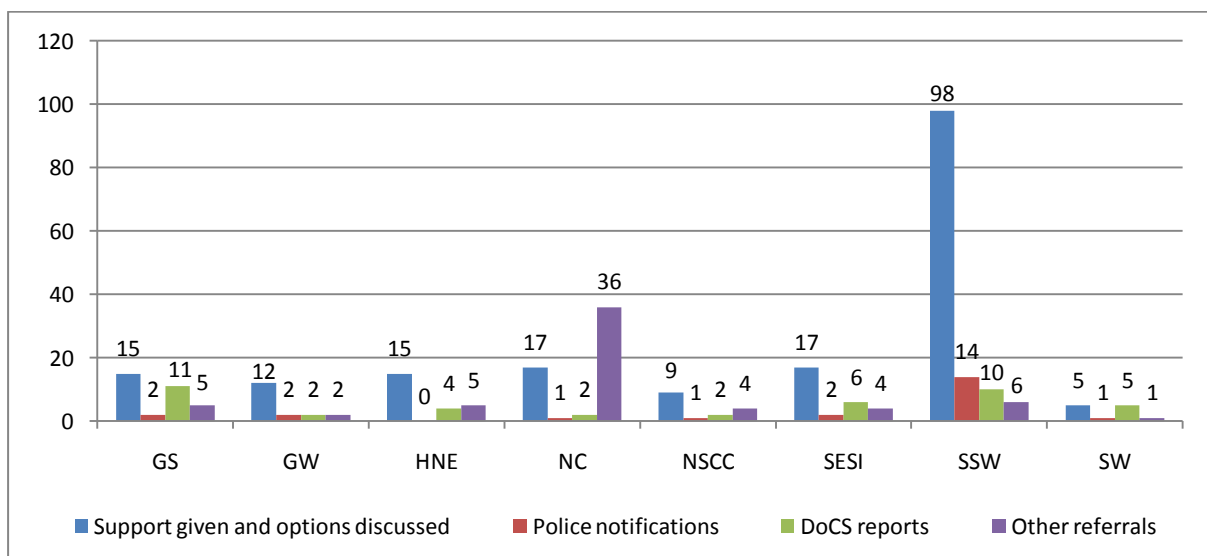


Figure 17: Number of actions taken in early childhood health services in 2008 by Area Health Service

The presence of another person at screening accounted for 3,981 (87.1%) of 'reasons for not screening' as shown in Figure 18. 'Reasons for not screening' comprised:

- 2,004 (43.8%) presence of partner
- 1,976 (43.2%) presence of others
- 450 (9.8%) other reason (not cited)
- 143 (3.1%) declined to answer

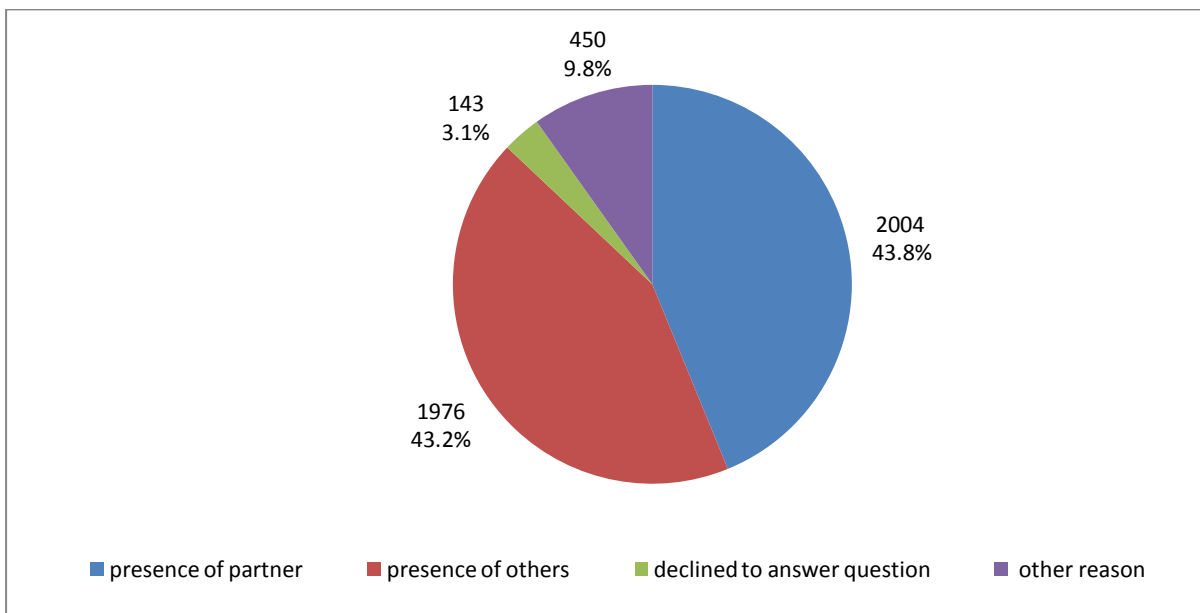


Figure 18: Reasons for not screening early childhood health services 2008

3.2.4 Mental Health Services

All mental health services in Area Health Services screen for domestic violence.

2,164 women attending these services were eligible for screening. Of these 1,144 (52.9%) were screened. Screening rates range from 21.8% in Hunter New England to 97.6% in Greater West Area Health Service as shown in Figure 19.

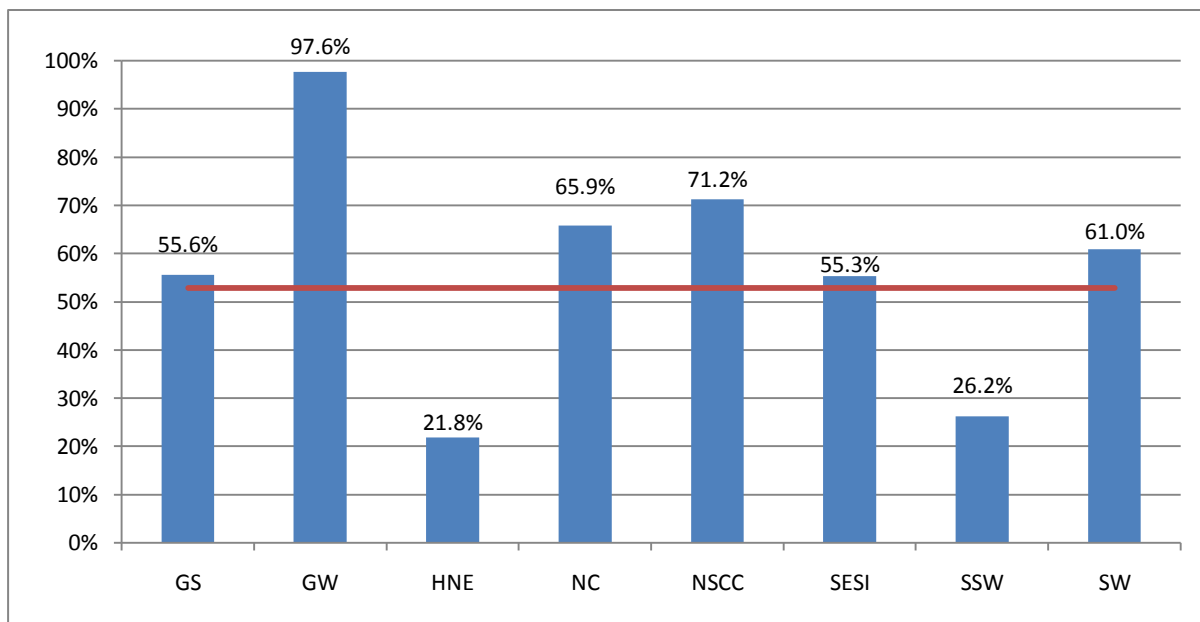


Figure 19: Percentage of eligible women screened in mental health services in 2008 by Area Health Service

186 (16.3%) women screened in mental health services identified as having experienced domestic violence in the previous 12 months.

The percentages of women screened who identified as having experienced domestic violence varied across Area Health Services from 11.9% in Sydney West to 27.3% in Greater Southern as shown in Figure 20.

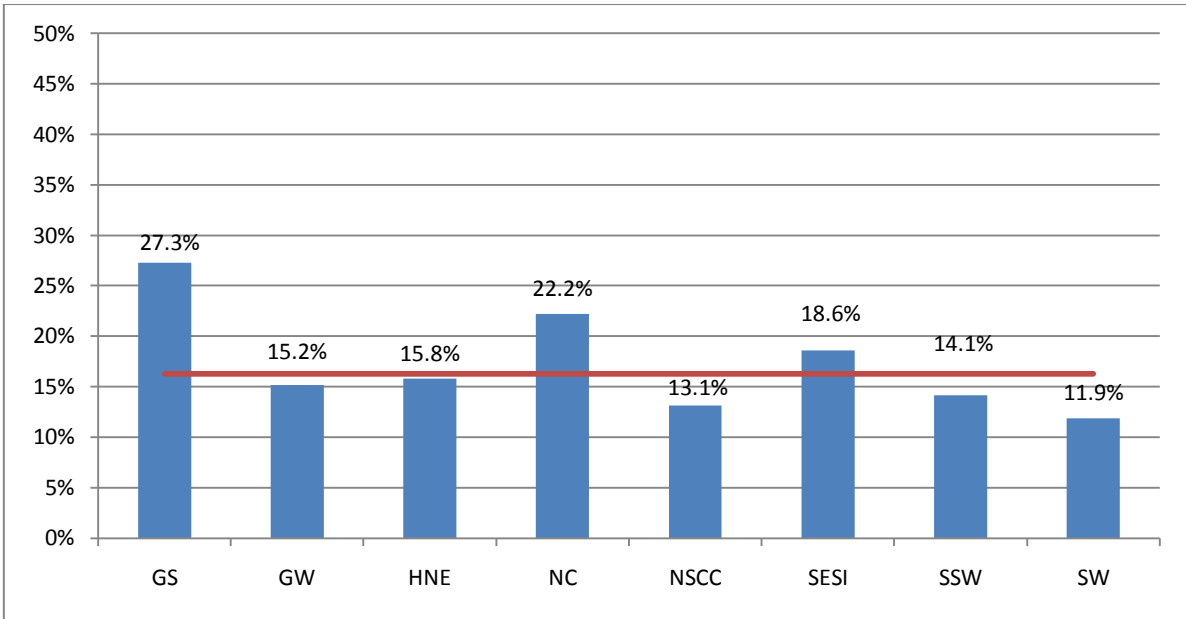


Figure 21: Percentage of women where domestic violence was identified mental health services in 2008 by Area Health Service

43 (23.1%) women who identified as having experienced domestic violence accepted an offer of assistance.

'Actions taken' as shown in Figure 22 comprised:

- 133 support given and options discussed
- 35 reports to Community Services
- 15 notifications to Police
- 32 other referrals

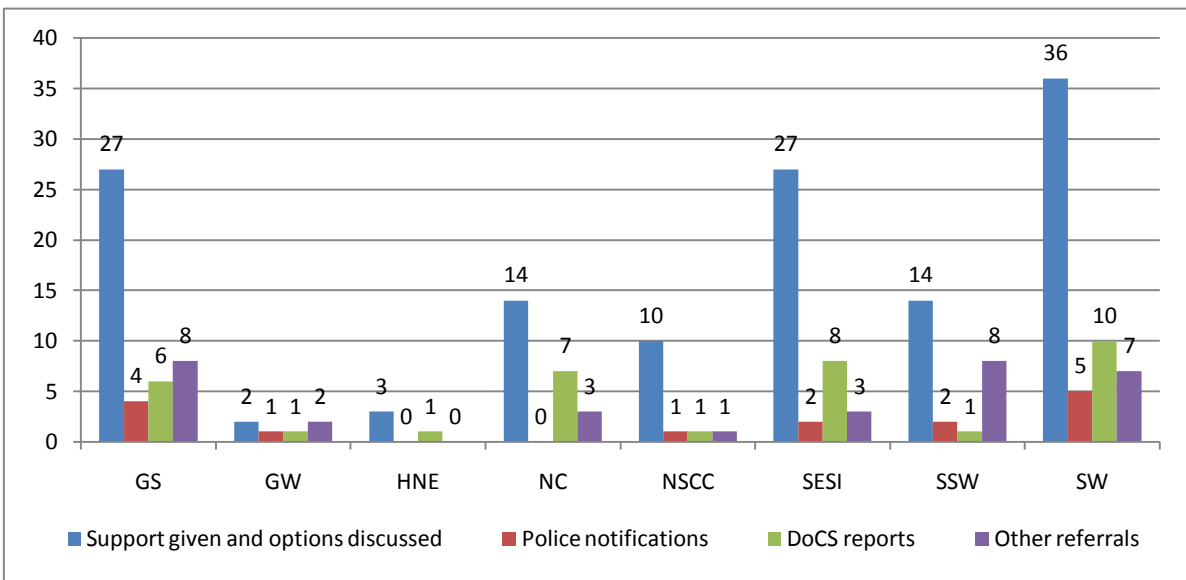


Figure 22: Number of actions taken in mental health services in 2008 by Area Health Service

The presence of another person at screening accounted for 112 (17.1%) of 'reasons for not screening' as shown in Figure 23. 'Reasons for not screening' comprised:

- 66 (10.1%) presence of partner
- 46 (7.0%) presence of others
- 503 (76.8%) other reason (not cited)
- 40 (6.1%) declined to answer

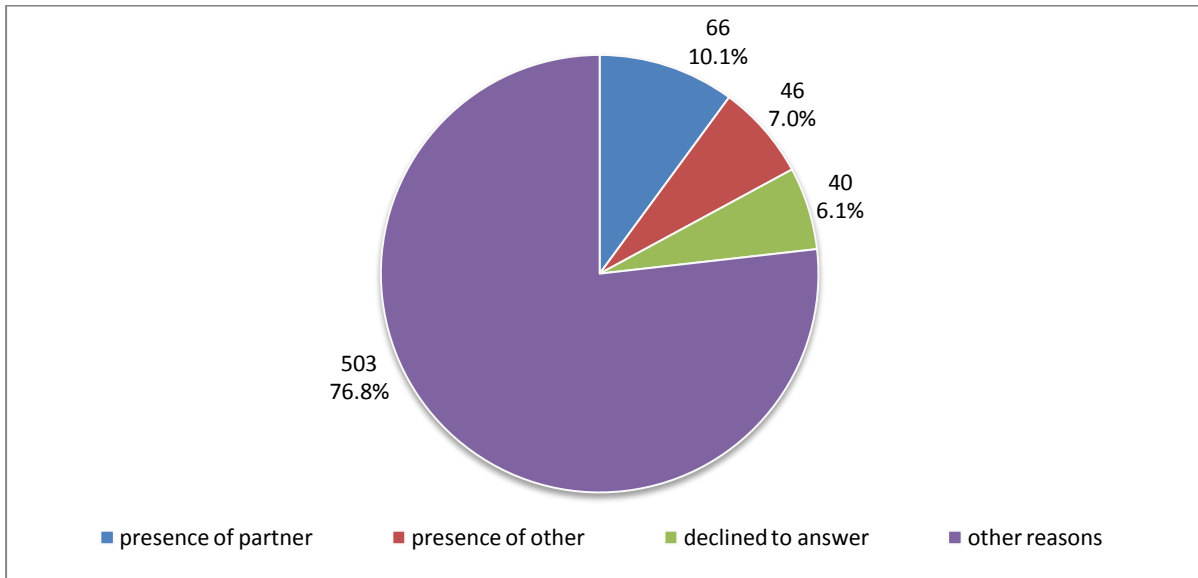


Figure 23: Reasons for not screening in mental health services 2008

Of the 503 (78.6%) not screened due to other reasons, 75.1% were in two Area Health Services, 198 in South East Sydney Illawarra and 180 in Sydney West Area Health Services. Other reasons provided included:

- woman too unwell
- no access to interpreter
- screening questions not being integrated into mental health assessment forms

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

While six Area Health Services have implemented screening in women's health nursing services, only five participated in the 2008 snapshot, with Northern Sydney Central Coast not submitting data.

881 eligible women attended women's health nursing services. Of these eligible women, 801 (90.9%) were screened. Screening rates varied from 78.7% in Hunter New England to 95.7% in Greater West Area Health Service.

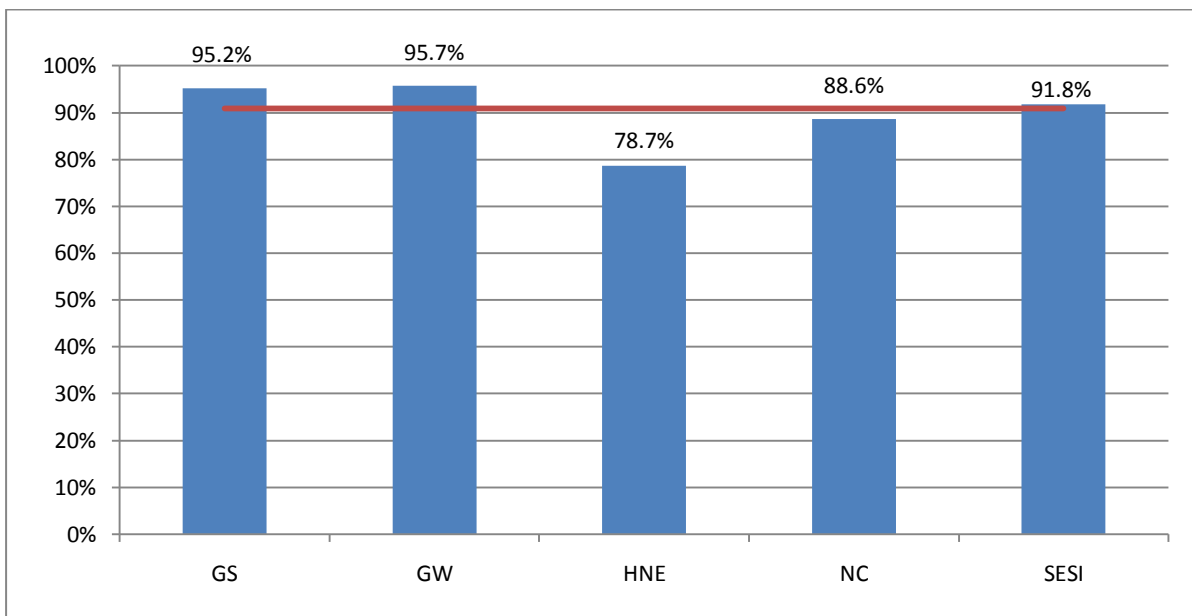


Figure 24: Percentage of eligible women screened in women's health nursing services in 2008 by Area Health Service

35 (4.4%) women were identified as having experienced domestic violence in the previous 12 months. Identification rates varied from 1.4% in North Coast to 6.6% in Greater Southern Area Health Service.

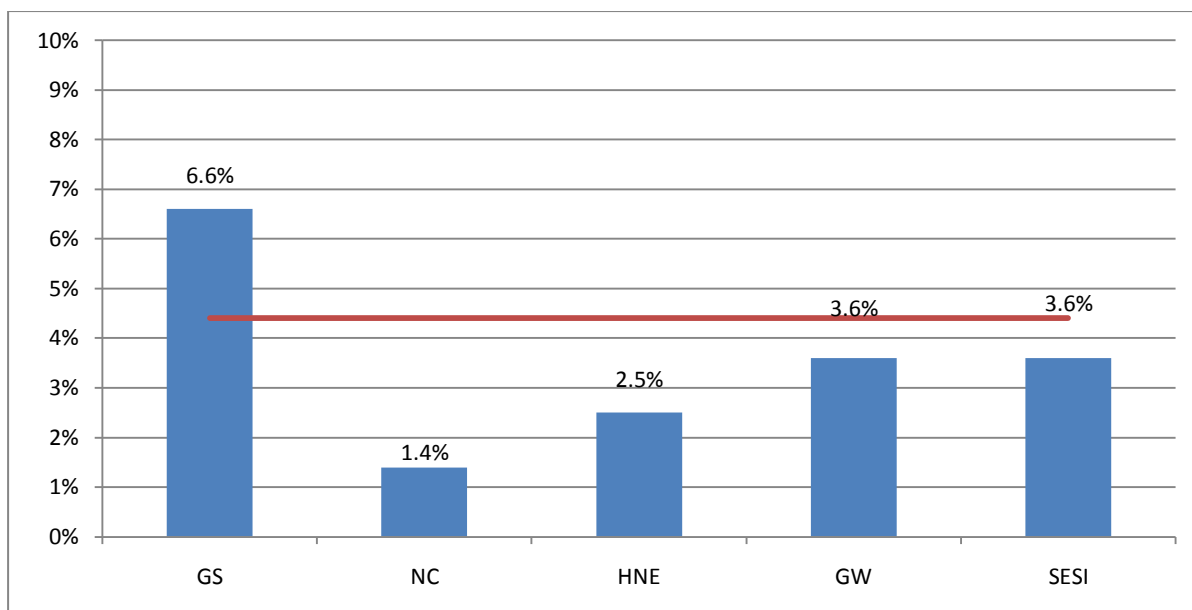


Figure 25: Percentage of women where domestic violence was identified in women's health nursing services in 2008 by Area Health Service

Five (14.3%) women where domestic violence was identified accepted assistance.

'Actions taken' comprised:

- 32 support given and options discussed
- 1 report to Community Services
- 0 to Police
- 4 other referrals

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.

31 eligible women attended these services, of which 23 (74.2%) were screened.

10 (43.5%) women screened were identified as having experienced domestic violence in the previous 12 months.

'Actions taken' comprised:

- 10 support given and options discussed
- 2 notifications to Police
- 8 other referrals
- 0 reports to Community Services

3.3.3 Sexual Health Services

One sexual health service in South East Sydney Illawarra Area Health Service is screening female clients.

128 eligible women attended this service, of which 123 (96.1%) were screened.

Six (4.9%) women screened were identified as having experienced domestic violence in the previous 12 months.

Six women were provided with support and options discussed but no other actions were taken.

3.3.4 Other Services

One child adolescent and family social work/psychology team in Sydney South West Area Health Service implemented screening.

12 eligible women attended this service, of which nine (75.0%) were screened.

Four (44.4%) women identified as having experienced domestic violence in the previous 12 months.

Four women were provided with support and options discussed, and one other referral made.

Appendix 1: 2003 - 2008 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%

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
2008	53	126	210	145	61

Reasons screening not completed¹²

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%

¹² 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

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 2008

Routine Screening for Domestic Violence: Snapshot 6: 1 - 30 November 2008

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 <i>only</i>			
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 2008

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, revised 2006) 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 2008 snapshot will occur **1 - 30 November 2008** inclusive.

Each facility is asked to complete the following data collection proforma and submit to the Area Health Service for collating into program areas and sign-off before forwarding collated data to the Department by **2 March 2009**.

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 2008 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. *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.

7. Column 2 is total number of all eligible women for whom the screening form was completed.
8. Column 3 is the total number of women who answered “**yes**” to question 1 *and/or* question 2.
9. Column 4 is the total number of women who answered “**no**” to question 3.
10. Column 5 is the total number of women who answered “**yes**” to question 4.
11. 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.
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. 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.**
14. As a double check, please note that the total for Columns 10-13 should equal the difference between columns 1 and 2.
15. 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 clients for other reasons.**
16. The ‘**Comments**’ section allows for any comments a service may wish to make. Please attach another sheet if space is insufficient.
17. 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

<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 Area Health Service
<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.