



*Domestic Violence
Routine Screening –
Everybody's business*

Dr John Cass-Verco
Staff Specialist Paediatrician, RPA Hospital
john.cassverco@health.nsw.gov.au



The Hidden Victims



Blind Spot

- DVRS occurs in all public antenatal, early childhood, mental health, alcohol and other drug services
- Countless missed opportunities for early identification and intervention



Project team

- Paediatrics
- Consumer
- Child protection
- Social work
- Aboriginal health
- Mental health
- Safer pathways
- District clinical quality manager



AIM Statement

- By Dec 2017, 100% of eligible female parents/carers will be screened for DV on the Children's Ward at RPA Hospital



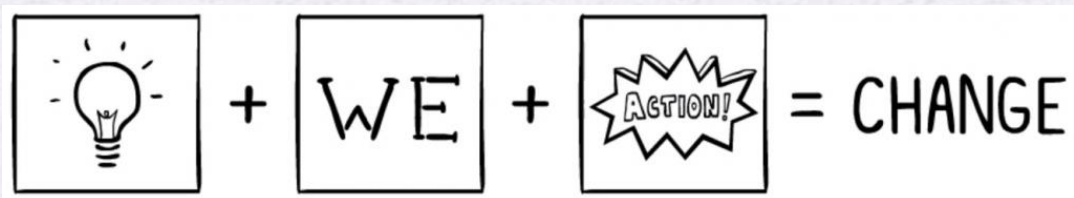
Why HPH?

- Brief, targeted interventions
- Established process
- Exclusion criteria
 - Unsafe home environment
 - Child protection issues
- Hospital in the family
- Why not?



Change ideas

1. Educate
2. Screen
 - Strong evidence that screening by a skilled health worker directly asking Qs increases identification
3. Respond



Educate

- Health-care workers beliefs and attitudes about DV, preparedness and comfort following disclosure critical to sustaining screening (Todahl and Walters, 2011)
- Regular updates
- De-briefing



Screen

- NSW Health endorsed screen
- Health workers support tools that are short and simple to use (Spangaro et al., 2011)



Screening for Domestic Violence

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

Domestic violence can take many forms including physical, sexual, psychological, emotional, verbal and social abuse, and harassment or stalking. Some women experience one or more of these types of abuse from their partner or ex-partner.

You don't have to answer the questions if you don't wish to

This information will remain confidential to the Health Service except where you give us information that indicates that you or your children are at risk of serious harm

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 women answers NO to both questions, give the information card (Z card) to her and state here is some information that we are giving to all women about domestic violence

If the women answers YES to either or both of the above questions, ask all of the following questions:

Q3. Are you safe to go home?

Yes No

Q4. Would you like some assistance with this?

Yes No

Q5. Has your child/children been hurt or witnessed violence?

Yes No

Q6. Who are the children with now? _____

Q7. Are you concern about the children's safety?

Yes No

Health Workers must make a report to FACS when they have reasonable ground to suspect a child is at risk of harm.

Mother's Details

Full name:

DOB:

Address:

Do you identify yourself as an Aboriginal or Torres Strait Islander? **YES NO BOTH**

Would you like to be seen by our Aboriginal Liaison Officer? **YES NO**

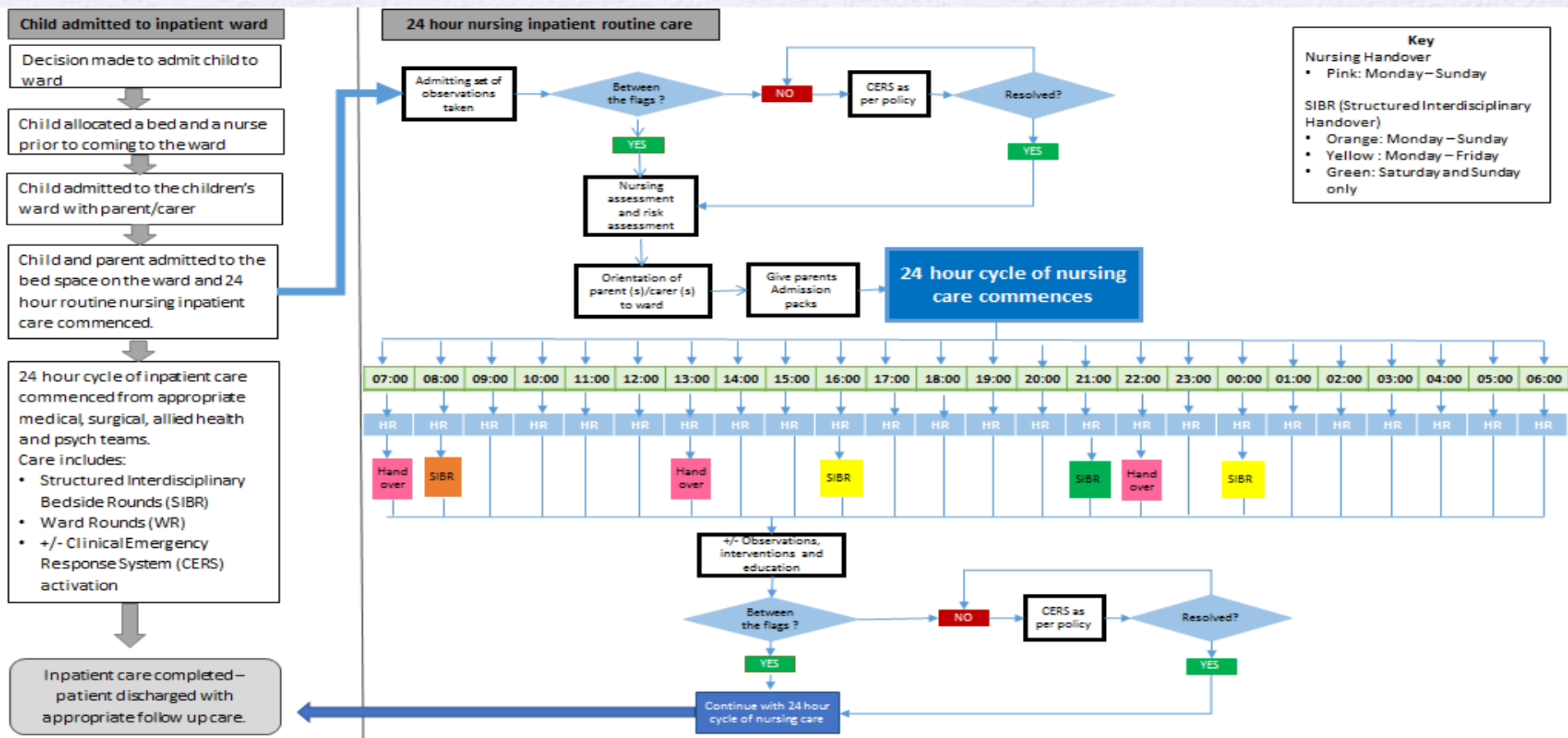
Do you speak any other language other than English at home? **YES NO**

If so what language:

Would you like to use our Interpreter Services? **YES NO**

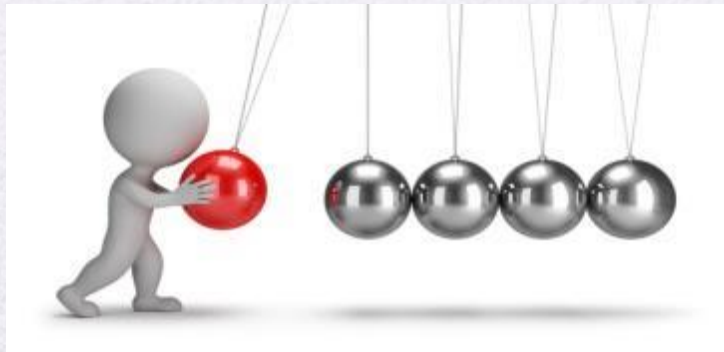


Process Map



Respond

- Immediate support
- Written information (Z cards)
- Social work response pathway
 - Rapid response to referrals after disclosure pivotal in women's progress to safety and important to women screened (Malpass et al, 2014)



Respond

- Health Justice Partnership
- Aim
 - Provide legal assistance
 - Address social determinants



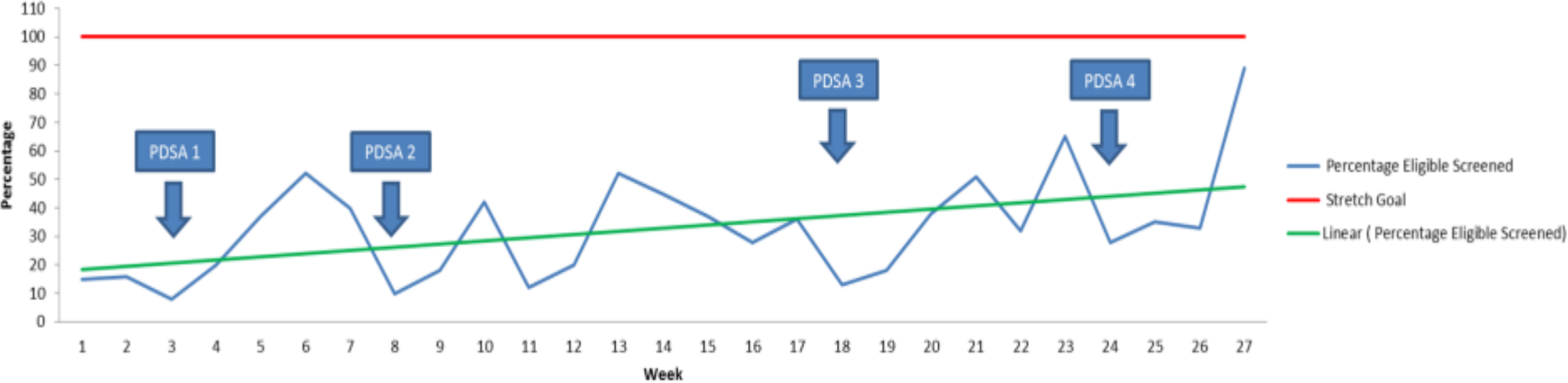
Results

- Total screens completed – 353
 - 18 disclosures
 - Disclosure rate – 5%
- Intervention
 - Social work reviews – 6
 - Legal referrals – 2



Results

Percentage Eligible Screened with Linear Trendline



Step 1: Engage

- Social work +/- Legal
 - Response pathway
- Child protection/DV services
 - Education
- Staff
 - Shared vision
- Sponsor(s)



Step 2: Enable

- EMR
 - Scheduling
 - Screen
- Education
 - Pre-commencement
- Opportunity to screen
 - Process map



Step 3: Embed

- Screening process
- Ongoing education program
- De-briefing
- Standing agenda item
- Feedback and encouragement





Questions?



Thank you