IMPROVING IDENTIFICATION AND RESPONSE TO DOMESTIC VIOLENCE IN CAMPBELLTOWN EMERGENCY DEPARTMENT

Through multimodal edcuation and systems change, we are slowly managing to improve Domestic Violence identification and response. Through simple and existing structures, we have been able to create a change in culture and improve holistic patient care

01. BACKGROUND

Domestic Violence (DV) is recognised as a major public health and human rights issue. It is the greatest health risk for women aged 25-44. In Australia, 1 in 6 women have been physically assaulted by an intimate partner, whilst 38% of women presenting to Emergency Departments (EDs) have experienced DV. Significantly, 44% of DV homicide victims attend an ED in the 2 years prior to their death.

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03. METHODOLOGY

In 2018 an ED DV working group was established with medical, nursing, social work and Aboriginal health representatives to implement a DV pathway. This included routine screening for DV via the DVRS tool, and referral to social work if positive or suspected. The group has been responsible for driving awareness and staff education. The education focus has been improving staff confidence at screening and demonstrating the positive impacts frontline health staff can make for individuals experiencing DV.

- **Orientation component**
- **M+M monthly screening reporting, updates and positive outcomes**
- **Monthly nursing in services**
- **Education sessions - JMO, Registrar, Consuntant, Nursing recurring sessions**
- **In situ MDT simulations and communication workshops**
- **Utilisation of departmental newsletter and social media**
- **Audit of staff practices combined with on the floor education**
- **Introduction of DVRS icon on all eligible patients to serve as reminder**
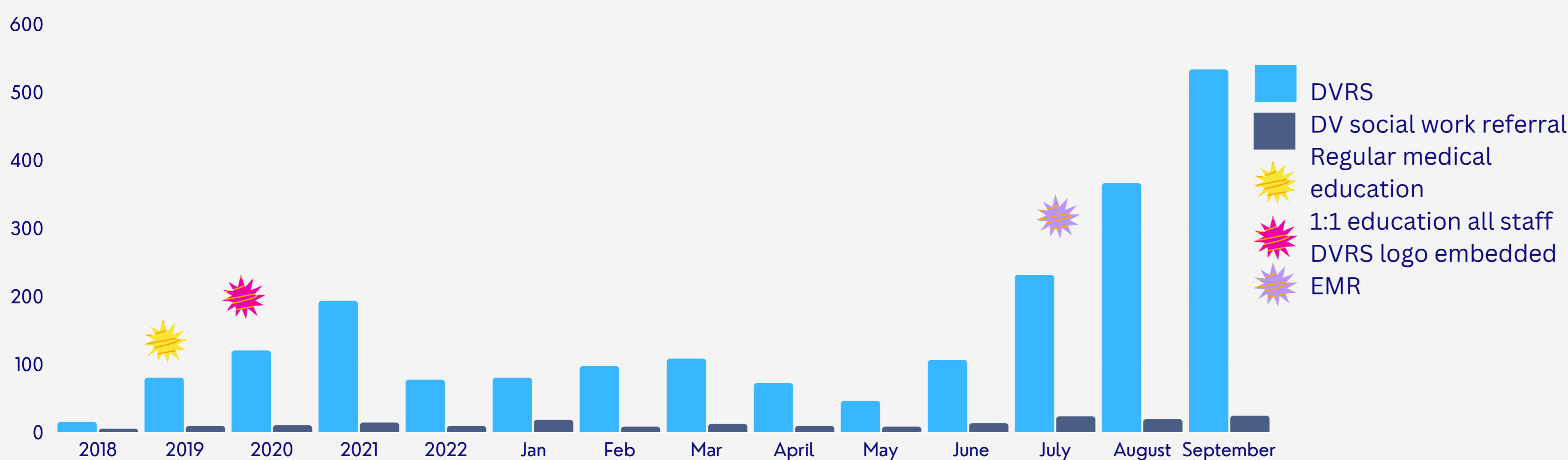
02. OBJECTIVE

To improve identification of domestic violence and ensure an appropriate medical and psychosocial response is available to all woman between 16-65 years.

04. RESULTS

An audit of referrals to social work in 2018 and 2019 shows an increase in referrals from 0 in Jan 2018 to 11 per month by Dec 2019 following the implementation of the pathway. Referrals have since reached up to 26 a month with spaced, repetitive, multimodal education. Victim survivors have received their usual medical care as well as safety planning. The multidisciplinary response facilitates comprehensive safety netting around mandatory reporting and community follow up.

05. ANALYSIS

Repeatedly over the past 5 years, we have found the most effective way of improving the identification of DV patients, is through empowering of all members of the workforce that they can make a difference. This has been more effective than lecturing individual staff groups about prevalence statistics. Safe-sharing of experiences and interventions in combination of an EMR reminder has demonstrated powerful impacts.

Legend:
- DVRS
- DV social work referral
- Regular medical education
- 1:1 education all staff
- DVRS logo embedded
- EMR

06. CONCLUSION

This project has demonstrated that increased screening leads to increased identification of domestic violence. It has also demonstrated that screening is an intervention in itself. People have returned for support hours or days following an initial negative response to DVRS. EDs provide an opportunity to reach and positively impact many at risk women. We aim to continue to embed this model, as it is core emergency business.

07. FUTURE

- Embed a new fast-tracked assessment pathway for identified DV victim survivors from both within the ED and community group referrals
- Research emergency presentations of TBI in the context of DV
- Better engage and serve high-risk groups such as Mental Health patients who disproportionately represent the positive screening
- Develop a local first responder collaborative
- Promote the visibility of our staff support services and complete a workplace experience survey
- Consider peer-support worker trial within the ED