

# INITIATIVE TO COMBAT THE HEALTH IMPACT OF DOMESTIC VIOLENCE AGAINST WOMEN

## Violence Against Women Conference

The "Expanding our Horizons" Conference is being held in Sydney on the 18-22 February 2002. Abstracts are due 1 August 2001. Further information can be obtained by calling (02) 9351 6311 or by visiting their website at: [www.edfac.usyd.edu.au/projects/VAW2002](http://www.edfac.usyd.edu.au/projects/VAW2002)

## DVI Forum 2001 Information on www

The Domestic Violence Initiative Forum 2001 Web page is now posted on the world-wide-web and accessible to all those with internet access. The page includes photographs, a speakers booklet with abstracts and biographies and selected complete papers for download.

The DVI website address is listed in contact details below.

## Central Zone Trainer joins the DVI

This month we welcome Jennifer Petty to the DVI team. Jennifer has been a Social Worker for the past fourteen and a half years, having worked at the Old. Department Families, Mater Mothers Hospital, Mater Children's Hospital, Redcliffe-Caboolture Community Health Sexual Assault Support Service and 1 year as a casual lecturer for TAFE.

The majority of this time has been in providing services to women's health, with a focus on issues associated with pregnancy, parenting, grief and loss, relationships, mental health, child protection and domestic violence. Jennifer has a strong interest in education of multi-disciplinary staff in the psycho-social factors affecting women's health.

In conjunction with Kate Ramsay, she provided the initial training for the Domestic Violence Initiative to staff at the Mater Antenatal Services and Emergency Departments and is delighted to be joining the DVI as educator/trainer for the Southern and Central Zones.

Jennifer will be based at the Royal Women's Hospital and can be contacted on **(07) 3636 8579**.



*Jennifer Petty  
Training Co-ordinator  
Domestic Violence Initiative  
Central and Southern Zones*

## Statewide Screening Guidelines

A working party has been convened to provide expert advice on the development of statewide domestic violence screening guidelines. The working party includes key internal stakeholders from the Northern, Central and Southern Zones, Aboriginal and Torres Strait Islander Health Unit and Child and Youth Health Unit. The screening guidelines will be distributed to DVI sites to promote consistency across sites and assist with the statewide implementation of the DVI.

### Project Co-ordination

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### Project Management

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### Website

<http://www.health.qld.gov.au/violence/domestic/dvi/home.htm>



## Evaluation Update

The Stage 3 Evaluation Plan has been endorsed by the DVI Reference Group at the June meeting, and the Stage 3 Evaluation is now underway, with charts audits planned for Nambour and Gold Coast Hospitals in July. Other sites will follow.

Women who experience domestic violence are more likely to abuse substances, including alcohol, tobacco, prescription, and illegal drugs. Based on this trend, the DVI will be piloted in selected Queensland Health Alcohol, Tobacco and Other Drugs Services during Stage 3 Evaluation.

With the prevalence of domestic violence in the Australian population between 8 and 25%, it is likely that some health service providers who are asking the DVI screening questions are victims of domestic violence themselves. A survey to ascertain the prevalence of domestic violence amongst health care professionals engaged in the screening process will be distributed as part of the Evaluation of Stage 3. The self-administered survey includes questions relating to experience of abuse and the effect it has on the health professional's screening practices. It is anticipated that this survey will not only reveal the prevalence of DV amongst health care professionals, but how this affects their screening practices and attitudes. This may guide the development of formalised support and debriefing networks as part of the DVI.

The communication of a positive identification of domestic violence to a woman's GP is an important aspect of continuity of health care. Where a woman receives shared antenatal health care (shared between the hospital and her GP), the woman who discloses violence is asked for consent to release this information to her nominated GP. In Stage 3, we aim to discover what the GP does with this information after it is received. A self-administered questionnaire which addresses attitudes and practice in relation to the patients who is a victim of domestic violence, is to be distributed to a sample of GPs whose patients have disclosed violence through the DVI screening program.

The entire project plan for the Evaluation of Stage 3, which details the above, and other aspects of the Evaluation Project is available on request from Kim Tually on (07) 3247 4835, or email [TuallyK@health.qld.gov.au](mailto:TuallyK@health.qld.gov.au)

## Youth Violence Prevention: The Physician's Role

The Journal of the American Medical Association has recently published an article focusing on the physician's role in the reduction of youth violence. Main points are summarised below:

- ❖ Violence at a clinical level should be treated as a recurrent chronic disease with definable risk factors.
- ❖ Hospital readmission rates for patients suffering subsequent assault-related injuries have been noted as high as **44%**.
- ❖ Rates of patients suffering prior assault-related injury and then becoming homicide victims have been reported as high as **20%**.
- ❖ Violent injury and death occur far more commonly as a result of arguments **between family members** and acquaintances than from criminal activity involving strangers. Recurring violent injury may therefore be due to the persistence of violence risk factors associated with the patient's social context.
- ❖ Patient's who have made suicide attempts have follow up services to support them after admission but violence victims usually receive no further evaluation. The statistics suggest it is necessary to always evaluate these patients for future risk. A major risk factor that can be detected through screening is family violence.
- ❖ This data suggests that implementing family violence screening in all health care settings should be seriously considered. Effective screening requires personnel properly trained in screening methods, enhanced knowledge of community resources available to respond when violence is identified, and clinicians educated to understand and be comfortable with issues of hidden violence.
- ❖ Clinicians can also assist in violence education. Identifying healthy alternatives to violent punishments by the encouragement of "time outs" instead of spanking. Discussing strategies to limit television viewing and monitoring what is watched. Foremost is the need to encourage nurturing interactions between parents and children. Acknowledging and praising sociable behaviour is a health way of reinforcing their habituation.
- ❖ Many groups including the American Medical Association now urge their members to assess patients' risk for violence and counsel patients on safety practices.
- ❖ Physicians and health care professionals should be aware of the importance of their roles as clinicians and advocates and use their considerable credibility to promote practices and policies based on accurate data that will contribute to violence prevention. **MSJAMA Vol 283 pp 1202-1203**

