How Good Are We At Screening For Domestic Violence (DV) In Women Presenting Through Pregnancy Assessment Centre (PAC)? Compliance With Guidelines And Cross-Sectional Survey To Identify Barriers Amongst Healthcare Staff In Screening.

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Background:

In Australia, one in six women have experienced DV from a current or previous partner, with one woman killed every 9 days. Almost a third of hospitalizations due to assault are attributed to DV, yet up to 70% of women experiencing DV go undetected by hospital staff.

Methods:

Women triaged in PAC were asked, **"Do you feel safe at home?"**. If **NO**, a **White** sticker is placed on the Maternity Early Warning Tool (MEWT) sheet; if **YES**, a **Purple** sticker is placed.

The study looked at **640** presentations (**426** women) and compliance assessed by analyzing for presence of a purple or white dot, or absence of a sticker.

For the survey, a quantitative research design was used, with a 5-item questionnaire, distributed to the healthcare staff in PAC, and responses analyzed, to identify barriers in screening.

So far in 2022-23

28%
of all DVOs have been temporary protection orders made to protect the aggrieved until the application is finalised
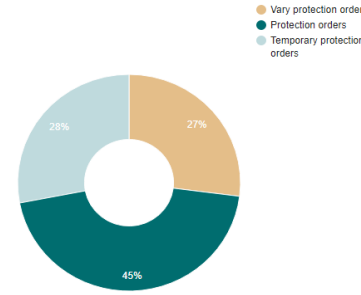
77%
of DVOs protect a female aggrieved.

15%
of DVOs protect an Aboriginal or Torres Strait Islander person.

DVOs made by category, 2022-23 year to date

- Vary protection order
- Protection orders
- Temporary protection orders

QUESTIONNAIRE FOR HEALTHCARE STAFF TARGETED AT IDENTIFYING BARRIERS IN DOMESTIC VIOLENCE (DV) SCREENING IN PREGNANCY

1. How often do you currently screen for DV in pregnant women ?
   a. Always and most of the time
   b. Rarely or never screen

2. Do you feel sufficiently skilled to ask direct questions regarding partner abuse/domestic violence?
   a. Yes
   b. No

3. Have you been provided information or received training to screen for Domestic Violence:
   a. Yes
   b. No

4. Are you aware of referral pathways available following assessment of DV
   a. Yes
   b. No

5. Please indicate what you identify as barriers to DV screening, and indicate next to each option a number from 1 to 6; 1 being the biggest barrier for you and 6 being the least important barrier according to your experience:
   a. Lack of education and training ___
   b. Presence of woman's partner __
   c. Language barrier ___
   d. Lack of time/high patient load ___
   e. Anxiety regarding potential disclosure ____
   f. Personal history or past exposure to DV ___

Other barriers that you have identified, not in the list:

Results:

The **screening rate for DV** was **16.9%** and no patients were identified that had admitted to feeling unsafe.

Of the **23** completed questionnaires, **60.8%** indicated they always screen for DV.

Barriers of Screening for DV:

12 out of 23 (52.1%) respondents to the questionnaire indicated that **presence of the woman's partner** was their biggest barrier in DV screening; while **8 of 23 respondents (34.7%)** indicated that **lack of time /high patient load was their biggest barrier.**

-3 out of 23 respondents(13.04%) felt that **lack of education and training** was their top barrier.

-11 out of 23 respondents (47.8%) indicated that **language barrier** was the second biggest barrier to screening for DV

Discussion:

Organizational policies are needed for better systems of reminders to staff to improve screening rate. Mandatory education and training suitable for time constraints and learning needs of staff is essential.

Limitations to this audit:
1. Small sample size for survey with questionnaires (23)
2. The survey was voluntary and self-report. It could be that participants were interested in DFV and their practices differed from staff who did not respond.

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