

Experience of domestic violence routine screening in Family Planning NSW clinics

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Research theme: Service responses and interventions

Key words: Service delivery, reproductive and sexual health, domestic violence, routine screening

Abstract

Background

Domestic violence routine screening has been the most widespread domestic violence-related intervention to be introduced globally in health services. The process of routinely asking women a set of brief standardised questions provides an opportunity to assess safety (including child protection), refer for support, and provide education. Regardless of whether they disclose DV, asking the questions sends a message that the service is a safe space to talk about it. Routine screening has been implemented across a range of health services in Australia and internationally, acknowledging that health workers can be well placed to identify and respond to women who are experiencing domestic violence. Family Planning NSW, the leading sexual and reproductive health provider in NSW, implemented domestic violence routine screening in their clinics in 2012.

Objective

A study was undertaken at Family Planning NSW to review the implementation of domestic violence routine screening and the outcomes of screening at their clinics, in order to determine whether domestic violence routine screening is feasible in a family planning setting and if so, to contribute evidence towards scale-up.

Methods

A retrospective review of records was undertaken of eligible women attending Family Planning NSW clinics between 1 January and 31 December, 2014. Demographic characteristics were summarised with counts and percentages. A modified Poisson regression model was used to estimate prevalence ratios and assess association between binary outcomes and client characteristics.

Results

4,313 women were screened from an eligible 10,394 women (41%). Number of visits, clinic attended, age and region of birth were associated with completion of screening. 173 women disclosed domestic violence (3.7%). Factors associated with disclosure were clinic attended, region of birth, education and disability. Women who disclosed domestic violence were more likely to have discussed issues related to sexually transmissible infections in their consultation than women who did not (41.6% versus 27.5% respectively).

Conclusion and implications

Domestic violence is recognised as a significant public health concern, and routine screening is seen as an appropriate intervention in some health settings. Given the known associations between domestic violence and sexual and reproductive ill-health, domestic violence routine screening is appropriate in a sexual and reproductive health service, and findings from this study suggest the Domestic Violence Routine Screening program is feasible at Family Planning NSW. Consistent implementation of this program should continue in Family Planning NSW clinics, and could be implemented in other family planning services in Australia, in order to support identification and early intervention for women affected by domestic violence. Additional research is being planned at Family Planning NSW to contribute evidence towards overcoming barriers and enhancing facilitators to screening, and to further explore the impact of domestic violence on sexual and reproductive health outcomes, in order to develop recommendations for future research, policy and improved practice.

References

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Learning objectives

1. Domestic violence is a significant worldwide public health concern, and routine screening for this is an appropriate intervention in some health settings
2. Routine screening is feasible in a sexual and reproductive health service like Family Planning NSW, and could be implemented in other family planning services in Australia
3. Further research should explore barriers and facilitators to screening, and the impact of domestic violence on sexual and reproductive health outcomes, to contribute evidence for future research, policy and practice.

Biography

Tara Hunter is a qualified Social Worker (Masters in Social Work), with qualifications in training (Certificate IV in Workplace Assessment and Training) and sexual health (Diploma in Sexual Health Counselling). She has extensive experience working as a Counsellor, Manager and Educator in various Sexual and Reproductive Health services, and currently works as a Social Worker at Family Planning NSW.

Authors

Hunter, T.¹, Botfield, J.R.¹, Markham, P.¹, Estoesta, J.¹, Robertson, S.¹ & McGeechan, K.^{1,2}

¹ Family Planning NSW

² University of Sydney

Tara Hunter - TaraH@fpnsw.org.au

Jessica R Botfield - JessicaB@fpnsw.org.au

Pippa Markham - PippaMarkham@gmail.com

Jane Estoesta - JaneE@fpnsw.org.au

Sarah Robertson - SarahR@fpnsw.org.au

Kevin McGeechan - KevinM@fpnsw.org.au