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"If you don't have the courage to ask, I won't have the courage to tell" WCHN Consumer 2020

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BACKGROUND: Domestic and family violence (DFV) is a major health risk factor for women aged 25-44[1]. During pregnancy, experiences of DFV is associated with poorer health outcomes for the unborn baby and woman. These risks include miscarriage, low birth weight, premature labour, maternal depression and/or anxiety[2,3]. In addition, pregnant women are more likely to experience injury to their torso than other women[1].

Pregnancy can provide an optimal opportunity for health care practitioners to support women holistically during their antenatal/postnatal period and have conversations with women about safety and wellbeing in the broader context of home and family life.

There are several South Australian and national strategies, frameworks and plans to address DFV[4,5,6,7,8,9]. The Women's & Children's Health Network (WCHN) developed the Ask, Assess and Respond (AAR) clinical procedure to build on these documents and support staff to meet their obligations under relevant policy directives. The AAR procedure also ensures a compassionate, appropriate response to a consumer's disclosure about DFV. The aim of the clinical procedure is to reduce risk of harm to women and children from DFV.

PRACTICE CHANGE: During 2016 – 2018 the Nursing & Midwifery Clinical Practice Development Unit and Youth, Women's Safety and Wellbeing Division (YWSWD) worked in collaboration to lead the development of a WCHN clinical procedure which aimed to embed routine asking about DFV. This work was supported by the implementation of the Best Practice Guideline 'Woman Abuse: Screening, Identification and Initial Response[10]' through the Best Practice Spotlight Organisation® program, a Registered Nurses Association of Ontario initiative, facilitated by the Australian Nursing Midwifery Federation (ANMF).

In November 2018 there was a WCHN wide implementation of AAR procedure for all Health Care Professionals (HCP) which included a training plan developed in consultation with key stakeholders.

Staged Training Schedule

Part 1

- Completion of a pre-knowledge survey to establish an understanding of base knowledge
- Familiarisation with the procedure
- View video presentation on prevalence of DFV and the importance of HCP asking about risk and safety using a trauma informed approach

Part 2

- Attend 60 minute face to face workshop to explore how to implement the procedure in a clinical setting
- Completion of a post-knowledge Survey

Staff who completed training Part 1	
2018	284
2019	144
2020	37 (then on hold due to covid)
Staff who completed training Part 2	
2018	260
2019	196
2020	37 (then on hold due to covid)

AUDIT: In August 2019 Human Research Ethics Committee (HREC) approval was given to undertake a clinical documentation audit across WCHN to assess the embedding of AAR in practice. The aim of the documentation audit was to identify levels of application of the procedure across community and acute care settings. Audit questions aimed to identify application of the procedure and specifically:

- Asking alone
- Assessing for DFV
- Responding to DFV
- Documenting reasons if not assessed

Baseline data was gathered from 74 medical records during the period of August – October 2018 before the AAR procedure was implemented.
Post implementation data was collected from the medical records of 97 consumers who had accessed services in July – September, 2019, nine months after the implementation of the AAR procedure.

RESULTS:

Frequency of consumers being asked about DFV (per consumer medical record)		
How often was DFV discussed per consumer record?	Baseline	Post procedure implementation
Acute care and community services	26%	36%
Acute care	6%	18.5%
Community services	53%	60%
Reasons why DFV not discussed		
Partner/family member present	6.64%	
Unknown reason	93%	

DISCUSSION: The audit demonstrated an increase in exploring DFV with women using the AAR process for both community and acute services. Community based HCP discussed DFV at a higher rate than hospital based HCP but this result may be attributable to community HCP being more familiar and comfortable with asking about past and current trauma given the nature of the work and services offered within the YWSWD. The audit focused on the three most recent periods of service in which there were 487 documented interactions with health care providers. This indicates there are many possible opportunities for HCP to initiate conversations about women's safety. In order to support a positive disclosure, HCP should provide multiple opportunities to initiate dialogue about DFV. As a consequence the audit reviewed whether a consumer was asked about their safety at each point of contact with the health service. In practice, where consumers may have contact with multiple HCP within a given period of treatment it may be inappropriate for every clinician providing care to ask about DFV during that period of treatment.

The audit highlighted there needs to be greater clarity for clinicians to know at which point along the consumer journey they should ask about DFV. Opportunities for respectful enquiry may be at initial point of contact, assessment, admission through to treatment and discharge.

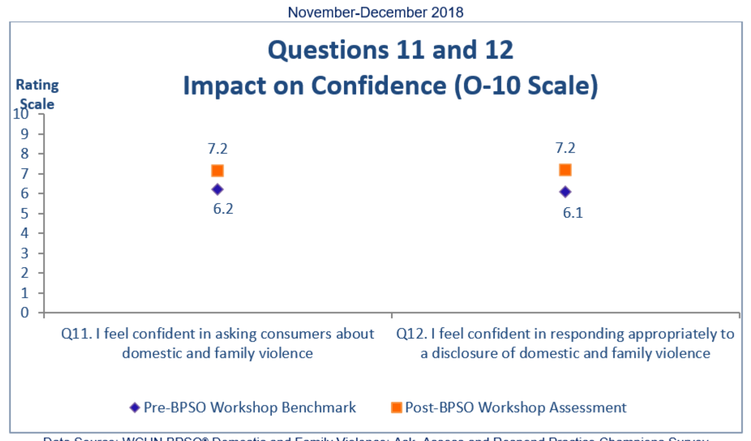
KEY LEARNINGS:

- Work needs to continue to strengthen the HCP role in AAR disclosures to DFV
- Ensuring a consistent approach when applying AAR during transition between services
- Continued focus on learning from practice within small listening circles and embedding the AAR process during discharge

LIMITATIONS:

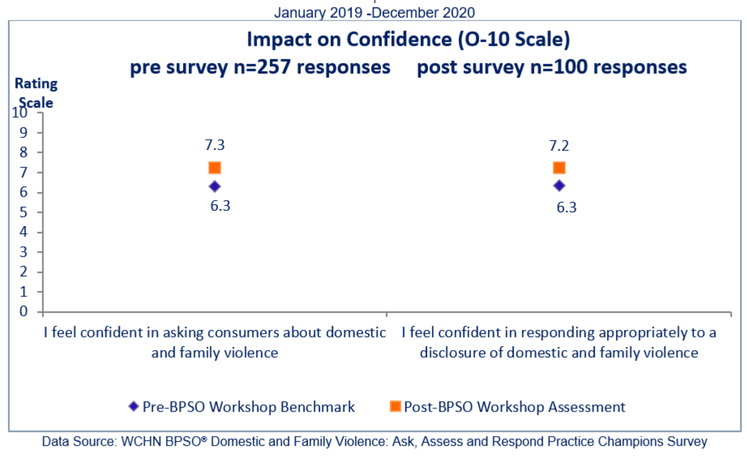
- Small sample size

November-December 2018



Data Source: WCHN BPSO® Domestic and Family Violence: Ask, Assess and Respond Practice Champions Survey

January 2019 -December 2020



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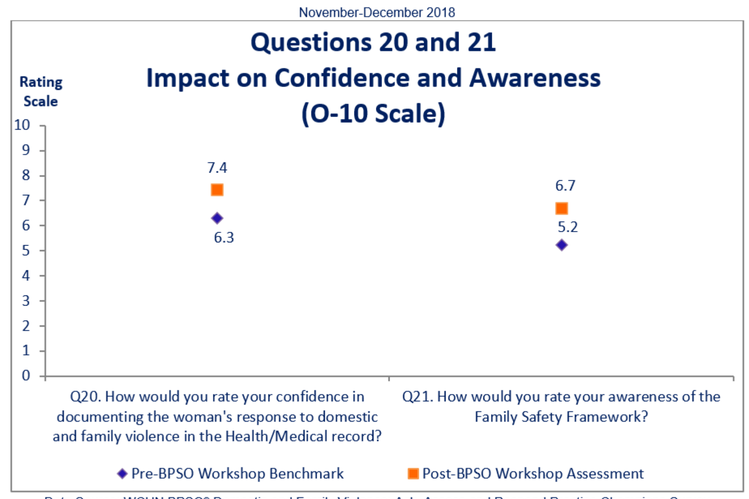

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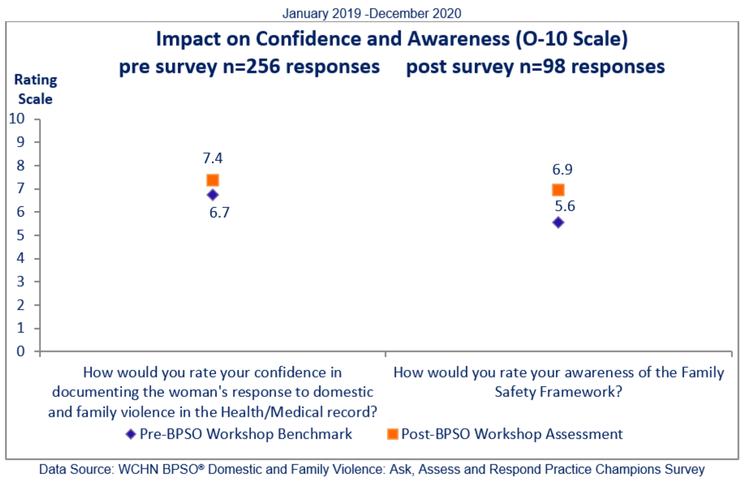


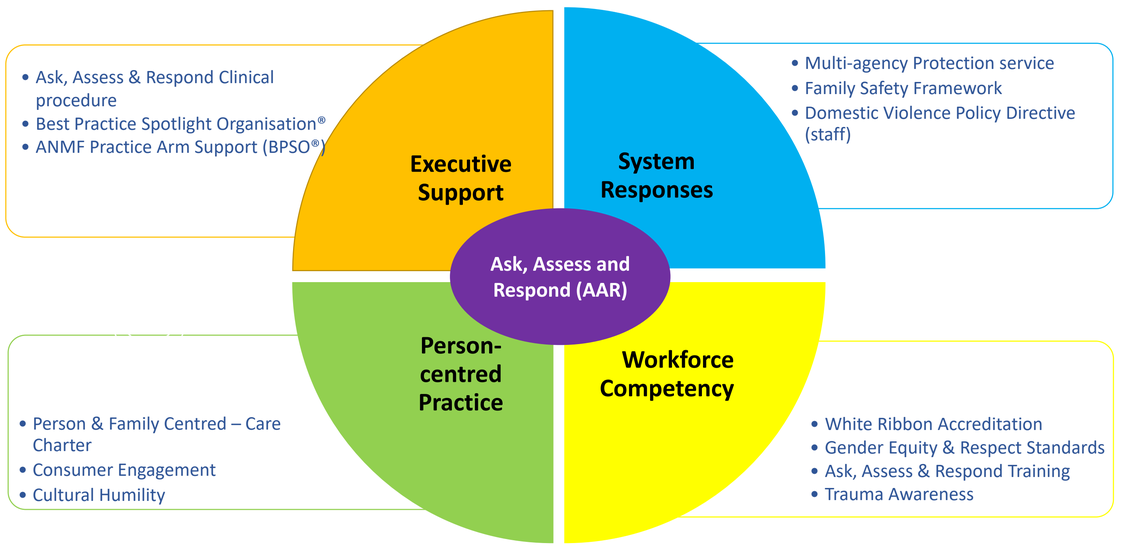
Data Source: WCHN BPSO® Domestic and Family Violence: Ask, Assess and Respond Practice Champions Survey

CONSUMER VOICE

Consumers with lived experience of DFV were invited to consult on the application of the AAR procedure. Feedback included:

- All staff to receive Trauma Informed Awareness training
  - Always ask alone and be creative in finding safe ways to ask
  - Don't ask in front of children older than 18 months
  - Offer choice to consumers whenever possible in relation to asking about their safety and referral to other HCP and services
- Consumers need to be asked multiple times about DFV as disclosure takes time
- Clinicians need to be genuine and confident when asking about risk and safety
- To demonstrate commitment and preparedness, HCP need to check the medical record for previous disclosures
- HCP need to be transparent about limits to confidentiality

WCHN WRAP AROUND RESPONSE TO DOMESTIC AND FAMILY VIOLENCE



References

1. Australian Institute for Health and Welfare (2015)
2. Australian Institute for Health and Welfare (2019)
3. Australian National Research Organisation for Women's Safety Ltd (ANROWS) 2016
4. The National Plan to Reduce Violence against Women & their Children 2009-2021
5. The National Framework for Protecting Australia's Children 2009 – 2020
6. South Australian Women's Safety Strategy 2011-22: A Right to Safety
7. Family Safety Framework Policy Directive
8. Multi Agency Protection Service Policy Directive
9. Multi Agency Protection Service Policy Guideline
10. Registered Nurses' Association of Ontario. (2005). Woman abuse: Screening, identification and initial response. Toronto, Canada: Registered Nurses' Association of Ontario

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