

**Paper Presentation for
Domestic Violence and Sexual Assault Conference**

Title ‘A little encouragement’: health services and domestic violence.

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Abstract:

Previous research has shown that while 1 in 4 women attending health care facilities have previously experienced domestic violence, many of these women did not seek health care at the time, despite severe injuries.

The aim of this project was to identify those elements of health care which women who had experienced domestic violence considered represented quality care and explore opportunities for a health service to improve its service delivery to these women. Nine focus groups were conducted across the Hunter, in rural and urban areas. A total of 65 women were recruited from Women's Support Services and Refuges. The tapes of focus groups were transcribed and analysed using a thematic analysis approach.

Women identified a range of areas for the improvement of health services. The major issue was the importance of a supportive environment where service providers are able to provide safety, trust and understanding, are able to offer options and allow the women to make choices.

Personal profile of presenter**Ms Lucy Bates**

Ms Bates has been working in the area of domestic violence for the Hunter Area Health Service for many years. Her work has included assessing the extent and severity of domestic violence among women attending their local hospital and general practitioner; determining the health services response to domestic violence; staff training; and the development of the Hunter Area Health Service's Domestic Violence Policy and Protocol and Action Plan for domestic violence.

‘A little encouragement’: health services and domestic violence.

Background

This paper describes the results of a series of focus groups conducted with women who had experienced domestic violence across one Health Service region .

Previous research has shown that while between 19 – 25% of women attending Emergency Departments have a history of domestic violence^{1,2,3}, many of these women did not seek help from a health care professional following the domestic violence incident despite severe injuries².

The overall aim of the project was to determine the perceived health needs of women who have experienced domestic violence.

Methods

A series of nine focus groups were conducted with women recruited from women’s support services and refuges. Six groups were conducted in urban areas and three in rural areas. Working with an Aboriginal women’s service, two groups were conducted specifically with Aboriginal women.

A standardised procedure was followed with each focus group. All sessions were tape-recorded. There were four ‘domains’ of questioning:

1. Services available from the Health Service for women who have experienced domestic violence.
2. Satisfaction with the Health Service for women who have experienced domestic violence.
3. Satisfaction with other health services (eg general practitioner’s) available for women who have experienced domestic violence.
4. Opportunities for the Health Service to improve services for women who have experienced domestic violence.

The taped records of focus group sessions were transcribed and analysed using a thematic analysis approach⁴.

Results

A total of 65 women who had experienced domestic violence participated, ranging from 3 to 11 in each group. The majority of participants were aged between 35 to 39 years (55%), had left school before completing the Leaving Certificate or HSC (54%), were divorced or separated (43%) and did not have private medical cover (97%). There was a disproportionately high representation of women of Aboriginal or Torres Strait Island origin, due to two focus groups run specifically for this group.

Theme 1: Attendance at a health facility

Most of the women expressed a lack of knowledge of services for domestic violence within the health service. For those women who had used a health service, the key factors that encouraged women to attend, were the knowledge that an appropriate service would be available, and the acceptability of the service. Most women had seen information about services for domestic violence on the television, however few had seen health services promoted.

Theme 2: Telling the story

There were a number of environmental factors that influenced the women's ability to tell her story, including: size and appearance of the waiting room; privacy in the waiting room; the triage situation and the consulting area; and the long wait for service. Time constraints on the service providers and their attitude could also prevent the women from discussing their problem.

Many women feared that by revealing they were in a domestic violence situation their children would be removed from them and, for Aboriginal women, this fear was even stronger.

Other problems were that the women's feelings of guilt, shame and powerlessness prevented her from revealing the cause of her problem.

Aboriginal women expressed the need for posters and other resources on family violence and access to staff who understood their culture.

Theme 3: The service providers

An attitude of trust and compassion, support and understanding by the service provider were important for the women. The perceived negative attitude of the service provider was a major factor in women's inability to relate to them sufficiently to tell their story. Lack of continuity with service providers was also an issue.

The women, on the whole, preferred a woman service provider, however attitude was considered more important than gender. Fear of not being believed was prevalent, particularly for women who had experienced emotional or mental abuse.

A range of questions was found to be acceptable when the staff were talking to the women about their injuries. For this to occur, privacy and a supportive manner were considered essential to enable the women to tell their story. The women made suggestions about appropriate questions or comments that could be used. They included direct questions, questions that could be used when talking to clients on the telephone and comments that allowed the woman to return to the service provider at a later date.

Theme 4: Appropriate help

The women felt that services to people who had experienced domestic violence were vital and identified opportunities for the Health Service to improve their services in the area of domestic violence.

Opportunities included increased promotion of services available including written information; a specific protocol for response, including training of service providers; and follow-up services, such as workshops for women who have experienced domestic violence.

A 24-hour 'on call' service with providers experienced in working in the area of domestic violence was seen as important. For Aboriginal women, a female Aboriginal counsellor was also considered important.

Several of the focus groups raised the issue of a specific domestic violence service or domestic violence service provider, such as a specialist violence counsellor.

Concerns were raised about the effect of the violence on their children and suggested ways of working with perpetrators of domestic violence.

Conclusion

It should be noted that the sample was drawn from women's support services and refuges and this may have led to some bias. For example if the women were well served by the women's support service, this may reflect their lack of need to access to community health services. In addition, some units may have addressed issues identified in this paper. For example, while privacy may be an issue in the emergency area of some hospitals, community health centres may have successfully addressed this.

The women attending the focus groups were able to identify a range of areas for the improvement of services. The major issue identified by both groups was the importance of a supportive environment where service providers are able to develop a situation of safety, trust and understanding, are able to offer options and allow the women to make choices for their future.

Despite the years of mental and physical abuse many of the women had experienced, with the assistance of the government and non – government agencies, they had moved on to rebuild their lives. However public health services must continue to address the quality of the services they provide to people who are experiencing domestic violence, as voiced by one woman:

We get called stupid. I really don't think so. We are strong and we are bright but a little encouragement and guidance would go a long way.

The Project team would like to thank the Women's Support Services and the Refuges for the support and assistance in the conduct of the focus groups.

They would particularly like to thank the women who participated and courageously told their stories to help the Health Service improve their services to other women.

A full copy of this paper is available in The International Journal of Health Care Quality Assurance. 2001. Vol 14, No 2 and 3. 49:56

References

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