

Interdisciplinary Trauma Research Unit

Hospital Responsiveness To Family Violence:

12 Month Follow - Up Evaluation

Summary



Te wairere au noa

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HOSPITAL RESPONSIVENESS TO FAMILY VIOLENCE: 12 Month Follow-Up Evaluation

Jane Koziol-McLain PhD, RN
Associate Professor, Interdisciplinary Trauma Research Unit, Auckland
University of Technology

Jo Adams BA
Research Project Manager, Interdisciplinary Trauma Research Unit, Auckland
University of Technology

Emma Davies PhD
Programme Leader: Children and Families, Institute of Public Policy, Auckland
University of Technology

Roma Balzer QSO
Maori Project Manager, Te Kupenga Whakaoti Mahi Patunga; Manager Family
Violence Technical Assistance Unit - Hamilton

Sue Harvey
Nurse Leader, Surgical Services, Auckland City Hospital, Auckland District
Health Board

Jeffrey H Coben MD
Professor of Emergency Medicine and Community Medicine; Director, Center
for Rural Emergency Medicine; Scientific Director, Injury Control Research
Center; West Virginia School of Medicine USA

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Interdisciplinary Trauma Research Unit
Auckland University of Technology
Private Bag 92006
Auckland, New Zealand 1020

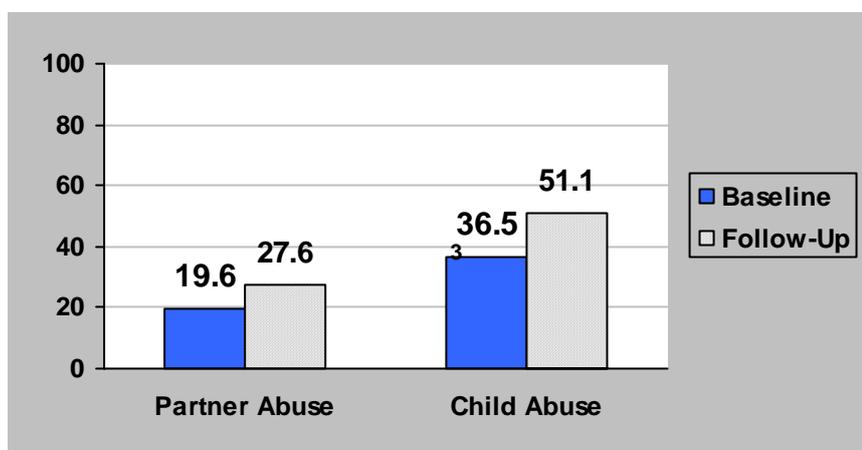
Summary

Family violence (FV) is a priority health issue in Aotearoa/New Zealand - as well as globally - and requires an effective and sustainable health care response. This report is one in a series evaluating health care responsiveness to FV. The first report, published in November 2004, presented baseline hospital FV programme audit findings for the New Zealand acute care (secondary and tertiary) public hospitals (n=25).¹ This report presents 12 month follow-up audit findings and compares them to baseline findings. These quantitative data are one aspect of the overall evaluation, and are the result of applying the modified 'Delphi' tool^a during hospital site visits; they contribute to the nationwide picture of FV healthcare initiatives across Aotearoa/New Zealand. The audit data answer the following two questions:

1. How are New Zealand District Health Boards (DHBs) performing in terms of institutional support for family violence prevention?
2. Is institutional change sustained over time?

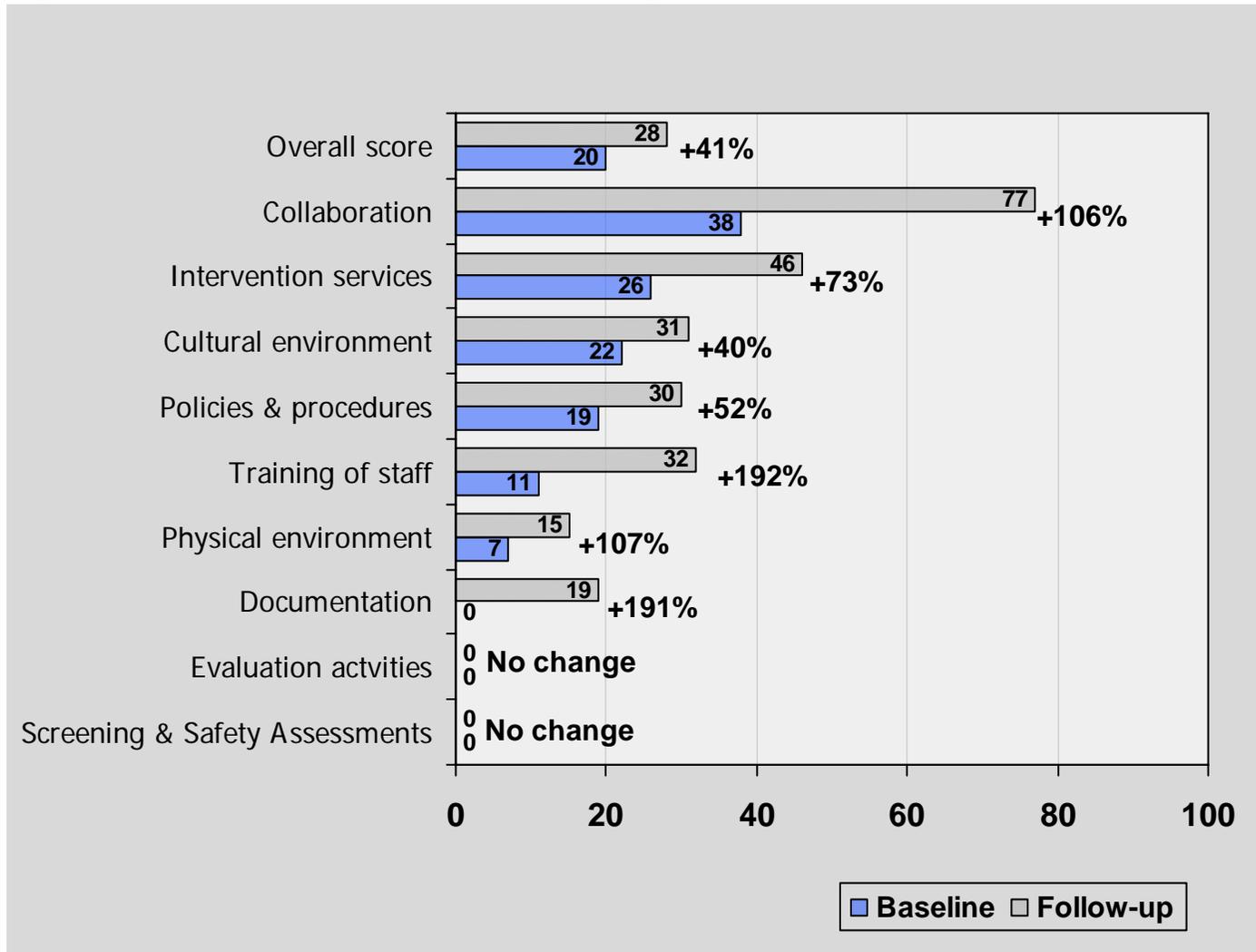
Results of the follow-up audit indicate that significant progress has been made in programme development for responding to both partner abuse and child abuse and neglect (see Figure 1). The median score for partner abuse intervention programmes was 28, an increase of 41% over baseline. The median score for child abuse and neglect intervention programmes was 51, with a similar increase of 40% over baseline. The higher child abuse and neglect intervention scores are indicative of programme longevity compared to partner abuse intervention. Eighty percent of the child abuse programmes have been in existence for longer than 2 years, compared to only 16% of partner abuse programmes.

Figure 1. Baseline and Follow-up Median Hospital Family Violence Programme Audit Scores (n=25)



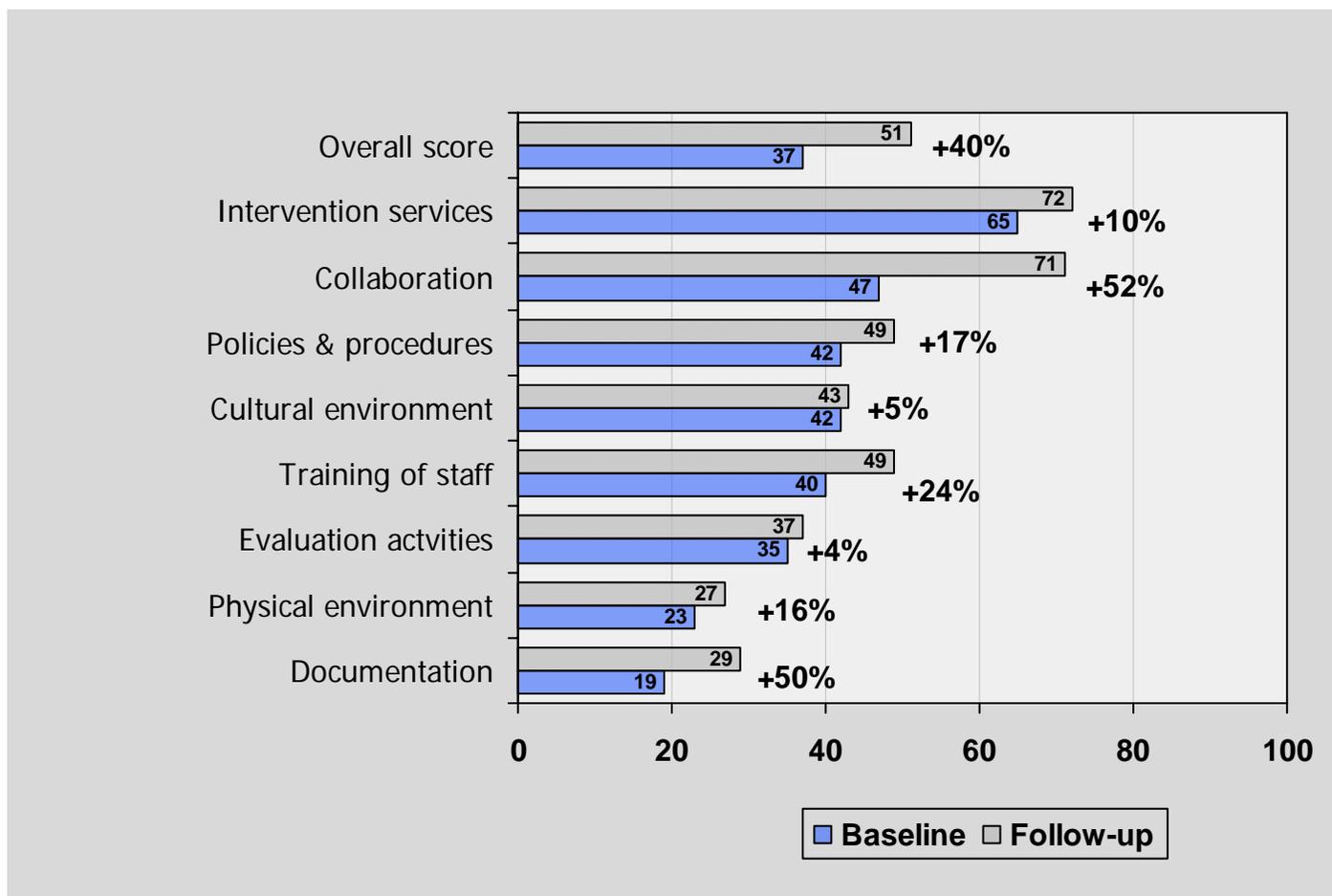
^a The 'Delphi' tool included two sections, the first addressed partner abuse programme elements and the second addressed child abuse and neglect programme elements. Scores for each section as well as for domains within the sections range from 0 to 100, with higher numbers indicating greater system development.

Figure 2. Partner Abuse Domain Score Changes (Median Scores)



- The most developed partner abuse programme domain is *Collaboration*. This represents within hospital as well as interagency cooperation and is an important prerequisite for partner violence screening in the healthcare setting.
- Improvements were seen in all partner abuse programme domains with the exception of *Evaluation Activities* and *Screening and Safety Assessments*, for which the median scores remained at 0.

Figure 3. Child Abuse and Neglect Domain Score Changes (Median Scores)



- The most developed child abuse programme domain remains *Intervention Services*, closely followed by *Collaboration*.
- Improvements were seen in all child abuse programme domains, especially for *Collaboration* and *Documentation*.

The follow-up audit demonstrates that significant progress has been made in the short span of 12 months. That said, scores reflect the fact that most hospitals are in the early stages of programme implementation. There remains important work to be done. For example,

<ul style="list-style-type: none"> ➤ 9 (36%) hospitals did not have a family violence coordinator. ➤ 16 (64%) hospitals did not have written, endorsed policies and procedures regarding assessment and treatment for responding to partner violence. ➤ 16 hospitals did not have a formal staff family violence training plan in place. ➤ 19 hospitals have not instituted partner violence screening in any inpatient or outpatient unit. ➤ 17 hospitals had no internal family violence programme monitoring process in place. 	<ul style="list-style-type: none"> ➤ 10 (40%) hospitals did not have a child protection coordinator. ➤ 6 (24%) hospitals did not have written policies addressing child protection reporting requirements. ➤ 6 hospitals did not have a child abuse and neglect working group. ➤ 9 (36%) hospitals did not have a mechanism for regular feedback from Child Youth and Family. ➤ 15 hospitals did not have a formal staff child abuse and neglect training plan in place. ➤ 8 hospitals had no internal child abuse and neglect programme monitoring process in place.
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It is a concern that 9 of the 25 hospitals had no family violence coordinator at the time of the follow-up audit. The overall partner abuse median score was 11 for those hospitals without a coordinator, compared to 40 for the remaining 16 hospitals.

Ten of the 25 hospitals had no child abuse programme coordinator. The overall child abuse median score was 39 for those hospitals without a coordinator, compared to 56 for the remaining 15 hospitals.

Even in those hospitals with programme coordinators, their sustainability is not assured. Family violence programme process indicators are steadily improving. Continued programme resourcing, however, is necessary if appropriate intervention is to be followed by appropriate service delivery and better outcomes.