Journal of Forensic and Legal Medicine 20 (2013) 683–689

Contents lists available at SciVerse ScienceDirect

Journal of Forensic and Legal Medicine

journal homepage: www.elsevier.com/locate/jflm

Original communication

Domestic violence documentation project 2012

Maria Nittis, MBBS, FFFLM Department Head Forensic Medical Unit [a,*],
Rod Hughes, BSc, MPsychol MPH Research Officer [b],
Cecile Gray, MSW, BaSocSci (Social Welfare) Counsellor [c],
Mandy Ashton, Postgraduate Cert Forensic Nursing, SANE RN [a]

[a] Forensic Medical Unit Western Sydney, Nepean Blue Mountains Local Health Districts, Sydney, Australia
[b] Community Health Services, Nepean Blue Mountains Local Health District, Sydney, Australia
[c] Integrated Violence Prevention and Response Service, Nepean Blue Mountains Local Health District, Sydney, Australia

ARTICLE INFO

Article history:
Received 3 March 2013
Accepted 9 April 2013
Available online 2 May 2013

Keywords:
Domestic violence
Injury interpretation
Forensic

ABSTRACT

One in four women presenting to Emergency Departments in Australia have experienced domestic violence in their lives but there are no specialist services for victims of domestic violence in the state of New South Wales, population of 7.25 million.

Fundamental forensic medical and nursing skills developed for the comprehensive assessment of complainants of sexual assault were utilised in the examination of victims of domestic violence in a trial project at Nepean Hospital, Sydney. The project was then reviewed via a series of qualitative patient and police interviews along with an analysis of court outcomes. Assessment by specialists in forensic documentation and interpretation of injuries with the provision of balanced expert opinions for court purposes can result in a number of benefits for the victims and the criminal justice system, including an increase in the rate of successful prosecutions.

"Violence against women is today widely recognised as a global problem. It is one of the least visible but most common forms of violence, and one of the most insidious violations of human rights. It has serious impacts on the health and wellbeing of those affected and exacts significant costs on communities and nations."[1]

1. Introduction/background

Domestic violence is defined, by NSW Health, as a range of violent and abusive behaviours perpetrated by one partner against another. It may occur within the context of marriage, de facto relationships and includes couples who are separated or divorced. The NSW legislation (Crimes (Domestic and Personal Violence) Act 2007) adopts a far wider definition of what constitutes a domestic relationship (section 5) and includes married partners, de facto partners, when there has been an intimate relationship (even if not sexual), when both victim and offender live or have lived in the same household or been long term residents together at a residential facility, been in a carer relationship or part of an extended family as identified by Aboriginal and Torres Strait Islanders. It also applies if the offender and victim are related including in-law relationships, half or step relationships. For the purpose of the study we adopted an inclusion criteria if the offender/victim were or had been in a partnership relationship of any kind or if they were related to each other and living together.

NSW Health has elucidated several aims with regards to domestic violence and these included the reduction of the incidence of domestic violence and the minimisation of the trauma of those people living with it.[2] Their domestic violence policy states that 'one in four women presenting to Emergency Departments in Australia have experienced domestic violence in their lives' yet acknowledges 'there is no specialist service for victims of domestic violence'.[2] This is despite the fact that an Australian survey of women, aged 18–69, who identified as ever having had an intimate male partner found that one third of them had experienced physical violence from their partner in their lifetime (34%).[3]

Assistant Commissioner Mark Murdoch, NSW Police Force corporate spokesperson on domestic and family violence, said NSW police attended 120,000 domestic violence incidents in 2011 – an average of 330 per day.[4]

The cost of violence against women was estimated to have cost the Australian economy $13.6 billion in 2009.[8]

* Corresponding author. FMU Level 2, Admin & Education Building, Blacktown Hospital, Blacktown 2148, Sydney. Australia. Tel.: +61 2 9881 7752.
E-mail address: maria.nittis@swahs.health.nsw.gov.au (M. Nittis).

1752-928X/$ – see front matter © 2013 Elsevier Ltd and Faculty of Forensic and Legal Medicine. All rights reserved.
http://dx.doi.org/10.1016/j.jflm.2013.04.002

For every experience of violence to women that can be prevented, over $20,000 in costs can be saved. If current rates of violence to women could be reduced by 10% over the next decade, it is estimated that $1.6 billion in costs could be avoided.[9]

Across the border, in Victoria, intimate partner violence contributes 7.9% to the total disease burden of women aged 18–44 years.[5] This makes it the leading contributor to morbidity and premature mortality in this age group, outstripping other known risk factors such as obesity, smoking, high blood pressure, alcohol and illicit drug use.[5] Women affected by violence require more operations, spend more time visiting doctors and have lengthened hospital stays when compared to women who do not have a history of violence.[6]

> *"While it is clear that ordinary, healthy people may become entrapped in prolonged abusive situations, it is equally clear that after their escape they are no longer ordinary or healthy"*[7]

Domestic violence does not only affect women. It affects men and children. The Australian Bureau of Statistics has estimated that at least 1 million Australian children by 2005 have been personally affected by Domestic Violence.[10]

In the National Crime Prevention Survey, almost one quarter of Australian youth reported witnessing physical domestic violence against their mother.[11]

Some women, unfortunately, pay the ultimate price for such violence. During 2007–2008, of all female homicide victims in Australia, 55% were killed by their male intimate partner.[12]

The forensic medical response to domestic violence has, for the most part, been negligible. NSW is the only Eastern State in Australia that has artificially divided forensic medicine into two disparate categories: (1) forensic medicine applicable to victims of sexual assault and/or child abuse and (2) forensic medicine applicable to other areas (e.g. road traffic medicine, custodial medicine, assistance to the Coroner, assessment and collection of forensic evidence from persons of interest etc.) Victims of domestic violence, for some reason, did not actively fall into either category. They, instead, were sent to busy Emergency Departments or General Practitioners to have injuries treated and documented. The results were that appropriate documentation of injuries rarely occurred, diagrams of injuries were rarely made and photos were usually not collected. In addition, injuries were not interpreted with relation to the likely causation. Furthermore, cases have been hampered by delay in obtaining the necessary medical evidence or by not meeting the standards required by a court for a successful conviction.

2. Pilot project outline

The DV forensic injury documentation service began as a trial project in December 2008 for victims of domestic violence who were in the Nepean Blue Mountains Local Health District (NBMLHD) catchment area. Sydney is divided into 19 local health districts and the NBMLHD is estimated to have a population in excess of 350,000 people, stretching from North West Sydney to beyond the Blue Mountain range. The project was designed as an extension of the core skills of injury interpretation and photo-documentation that were already being used in the assessment of victims of sexual assault. Field forensic photographs have also been shown to be statistically linked to gaining a custodial penalty (odds ratio 4.75) and to the length of the sentence.[15] The domestic violence documentation project sought to address a clear gap in service. It was not intended to replace current documentation undertaken by either police or primary medical health care staff but, rather, to augment this process and ensure high quality standard documentation for the courts. A secondary purpose of the project was to do this within existing resources.

Patients were referred by police from the St Marys and Penrith Local Area Commands (LACs), social workers from Nepean Hospital, staff at Local Courts and Women's Health Centres. The patient contacted the unit and arranged an appointment during business hours at Nepean Hospital's FMU.

Patients were met in the Emergency Department by either the social worker or a member of the medical team and, after being triaged, were escorted to the Forensic Medical Examination room. The process, on average, took just over two hours, considerably less than an average Emergency Department visit.

A full history, including forensic history, was taken and an examination performed. A 'package', with the patient's consent, was prepared for NSW police force. This included:

- History of events as given by the patient.
- Full examination and documentation of injuries.
- Diagrammatical representation of injuries.
- Photographs of images (electronically stored on a DVD).
- Provision of an expert opinion in the form of an Expert Certificate (as required in NSW).
- Attendance at Court as an Expert Witness, if required.

If the patient elected not to release the information to police, the 'package' was kept as part of the patient's medical record and the patient was informed that this could be released at any time in the future, if the patient provided the necessary consent to do so.

On the occasions when social work support was offered (dependent upon available resources) women engaged in the conversations and took the handout material offered. Many also participated in further conversations in relation to referrals and other processes.

The project worked from the understanding that abuse occurs when one person has or attempts to have power over another. With this in mind workers in the project made a conscious decision that when staff interacted with the patient that they offered support and provided opportunities for the patient to take control in the ongoing decision making.

There is some evidence from the literature that prosecution and conviction for domestic violence is associated with reduced recidivism[13] and that empowering court experiences contribute to positive mental health outcomes for victims.[14] However, there was little information available locally concerning how the circumstances of clients of the FMU had changed post-intervention and whether there had been improvements in their own sense of safety.

3. Qualitative review

In late 2011 approval was provided by the NBMLHD Ethics Committee to undertake a comprehensive review of the project.

The aim of the review was to assess the success, or otherwise, of the project and to assist in determining whether the programme should continue, and if so, to identify its potential for ongoing improvement. To this end, the review addressed:

- Whether the project was being delivered as planned.
- Whether there had been any significant difficulties in its implementation.
- The experiences of clients and the subsequent impact of intervention on their sense of safety.
- The perspectives of service providers and referral agents concerning the service provided the benefits it conferred and ways it might be enhanced.

The review also examined project outcomes in terms of conviction rates.