

# Evaluation of an innovative multi- agency domestic violence service

*at Guy's & St. Thomas' NHS Foundation Trust*

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## The new domestic violence service

Site: Maternity and Genitourinary services.  
Implementation period: April 2005 to April 2008.

Health professionals in maternity and genitourinary medicine services received one-day domestic violence training to enable them to carry out routine enquiry for domestic violence. Women who disclosed domestic violence were offered referral to the new MOZAIC advocacy service.



## Evaluation approach

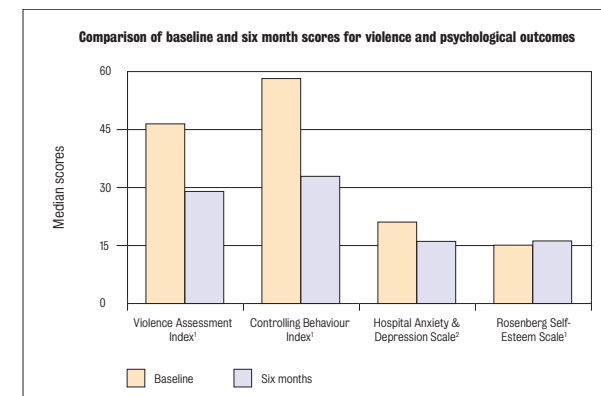
A 'theory-driven' evaluation examined the 'programme logic', identifying the key assumptions about how and why the intervention would work. These were then tested in a systematic manner using multiple data sources. Methods included: pre and six month post training questionnaires, focus groups/interviews with health professionals; audits of patient records; quantitative interviews (baseline and six months) and qualitative interviews with women who utilised MOZAIC; cost benefit analysis.

*Most of the key assumptions underlying the design of the intervention were supported by the evidence.*

## Key findings:

- Reproductive and sexual health services are opportune points of intervention for women affected by domestic violence.
- Staff training did effect changes in knowledge, skills and practice.
- The presence of MOZAIC domestic violence advocates in clinical care settings promoted optimal awareness.
- Rates of routine enquiry in the maternity services rose from 15% to 47% over 2006 as the training programme rolled out and the advocacy service became established.
- Rates of routine enquiry in Lloyd Sexual Health Clinic stood at 58% in January 2007 as the training programme rolled out and the advocacy service became established.
- In GUM female patients were significantly more likely to be asked about domestic violence than male patients (68% versus 49%).
- Many healthcare practitioners in maternity and GUM did not routinely ask about domestic violence.
- The professional group most likely to report asking direct questions about domestic violence were GUM doctors.
- Obtaining confidential time presented significant practice issues for midwives.
- Women do not immediately trust or confide in health professionals, but disclosure of domestic violence did result from routine enquiry. 4.4% of women questioned in maternity and 3.4% of women and 1.8% of men questioned in the Lloyd Sexual Health Clinic disclosed domestic abuse.
- Referrals were made to the advocacy service after disclosure and there was a progressive increase in the number of referrals over time. Most referrals came from the maternity service (63% maternity; 7% genitourinary medicine; 30% other departments).
- MOZAIC provided a supportive environment in which women could process their experiences, explore options and pave the way for future change. At six months follow up of a sub-sample of women who received support from MOZAIC, there was a reduction in the levels of violent and controlling behaviours and injuries and significant improvements in women's self-esteem, anxiety and depression and self-efficacy.

- However, worsening levels of domestic violence were identified for women who had just given birth.
- There was an increase in the number of people that women identified as being supportive to them at the 6 month follow-up. The most frequently cited sources of support were friends and immediate family.



N=27 Wilcoxon signed rank test

<sup>1</sup> Changes significant at p<0.01

<sup>2</sup> Changes significant at p<0.05

- The domestic violence intervention also provided an opportunity for health professionals affected by domestic violence to access support from MOZAIC. In a survey (N=57) 40% of health professionals reported experiencing some form of domestic violence as an adult.
- Conservative estimates of the economic benefits of the intervention show that its cost was repaid more than two-fold, largely in terms of reduction in the pain and suffering of the women, in much less than one year.

*The evaluation also identified a number of areas in which adjustment and improvement is still necessary. Some of these are highlighted in 'Enhancing the service'.*

## Enhancing the service:

### Recommendations for staff training.

- Staff would like a more problem-solving practice-based approach.
- Focus on practical approaches to questioning, and to the identification and documentation of domestic violence.
- Sexual health professionals require tailor-made training with information on men as 'victims' and 'perpetrators', assessing and intervening in cases of lesbian, gay, bisexual, and transgender violence, and gender dynamics in routine enquiry for domestic violence.

## Enhancing the service:

### Recommendations for healthcare practitioners

There is a need to:

- Continue to increase coverage of routine enquiry
- Include routine enquiry for domestic violence in the postpartum period.
- Be more assiduous in documenting abuse confidentially on the appropriate forms.
- Use photography to document injuries.
- Be aware that harm can result from post-disclosure actions such as breaches of confidentiality with other family members; failure to follow guidelines; and stereotyping of women.

## Enhancing the service:

### Recommendations for advocacy service

There is a need to:

- Be flexible as positive outcomes were accomplished by working with the individual goals of women at a pace they felt comfortable with.
- Maintain a visible presence within the clinical settings.
- Use recognised risk assessment tools.
- Provide opportunities to review support plans at follow-up contacts.
- Ensure the continuing professional development of advocacy workers through access to external training and regular case supervision by an experienced senior advocate or manager.
- Develop organisational and occupational standards that clearly outline the parameters and expectations of advocacy workers. Users should expect to receive a service that is robust, accountable and based on best practice.

## Enhancing the service:

### Recommendations for health service managers/ Trust

There is a need to:

- Continue to facilitate health professionals' access to domestic violence training.
- Designate healthcare professionals in senior and strategic positions to engage with local multi-agency domestic violence fora.
- Develop a domestic violence policy for employees of Guy's & St. Thomas' NHS Foundation Trust.

- Develop a Trust-wide strategy for addressing domestic violence.
- Ensure that there is readily available supply of domestic violence information leaflets, posters and contacts cards available in clinical areas.
- Maintain strong links with domestic violence advocacy services.

#### Enhancing the service:

##### Recommendations for national policy

- Domestic violence interventions in healthcare settings need sufficient support and resources during the development stage.
- Interventions designed for maternity services cannot necessarily be replicated in another healthcare setting.
- The feasibility of intervention models should be explored with due consideration for differing models of care, existing clinical practices, policies and procedures that may affect the success of the intervention, and availability of resources (time, staff and money).

#### Enhancing the research agenda:

##### Recommendations for future research

There is a need to consider:

- Evaluation approaches that can accommodate the complexity of domestic violence interventions involving multi-level change and partnerships between organisations with very different goals, operating procedures and authority structures.
- A range of outcomes – the relationship between the type of intervention and the outcome of interest should be made explicit.
- The development of harm indicators for inclusion in domestic violence intervention studies.
- Whether women at different stages of the abuse trajectory benefit from interventions that use a stage-based approach to behaviour change.
- Longitudinal studies of women who access interventions after identification of domestic violence in healthcare settings.
- Further qualitative research to explore what women want from domestic violence interventions and what outcomes they find beneficial, over and above measures of the quantity and severity of physical and psychological abuse experienced.

- The development of theoretical models for understanding how interventions to address partner violence work (or fail to work).
- Further research is needed regarding the type of interventions that male and female users of genitourinary medicine may benefit from.

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