



POLICY ON DOMESTIC VIOLENCE

1. PURPOSE AND SCOPE

1.1 ACEM recognises that domestic violence is a significant public health problem.

1.1.1 It involves the abuse of power between immediate and extended family members, both adults and children, close relatives, de facto or separated spouses, and people in same sex relationships. Domestic violence involves such abuses between people who have been or are having an intimate relationship. Abuse can be physical, verbal, psychological, economic or social and can include threats to the injured party, those they love, pets or property.

1.1.2 Most family and domestic violence is perpetrated by men against wives or partners and children, but abuse of the elderly parents/in-laws, sibling abuse and violence by women against men also occurs.

1.1.3 Domestic violence often escalates over time from verbal to physical violence and is often cyclic. It affects the mental and physical health of victims in serious ways, and can cause serious mental and physical illnesses. Children who witness violence suffer in similar ways and some have been found to exhibit similar physical, mental and emotional problems as children who have been directly abused.

1.2 Emergency Departments will frequently be a place where people suffering from the effect of domestic violence will present.

1.3 This policy is applicable to Emergency Departments in general

2 POLICY

2.1 Emergency Department personnel should maintain a high index of suspicion with respect to the identification of the effects of domestic violence, and should seek to assist victims of domestic violence to access further intervention when indicated.

3. PROCEDURE AND ACTIONS

3.1 The majority of victims of domestic violence who present to Emergency Departments do not disclose the abuse. Many are not asked about it.

3.2 Education and training for Emergency department staff and undergraduate medical/nursing staff is recognised as being an important component in increasing the recognition of domestic violence, and such training should be made available to Emergency department staff.

3.3 Emergency Departments should have internal referral processes or access to community resource information to meet the immediate accommodation and counseling needs of any victim of domestic violence identified in the Emergency Department.