

Ensuring best practice in the Emergency Department setting for those who have experienced or are at risk of Domestic Abuse

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What did we know?

We know that Domestic Abuse increased through the Covid-19 pandemic¹

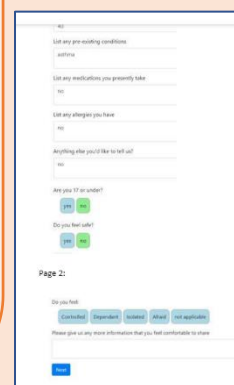
We also knew locally that our data and processes were poor²

Our Plan: With the setting up of a new electronic referral in August 2021 we saw modest improvements in referrals however to further improve this, we set up a Domestic Abuse Steering Group as a forum through which improvements could be planned and implemented. The Group included a wide range of stakeholders and we used the numbers of electronic referrals as a proxy measure of the impact of our interventions.

What we did: Group meetings started in April 2022 and various initiatives were developed through a process of consultation, drafting, piloting and amending. Our list of the interventions are listed below:

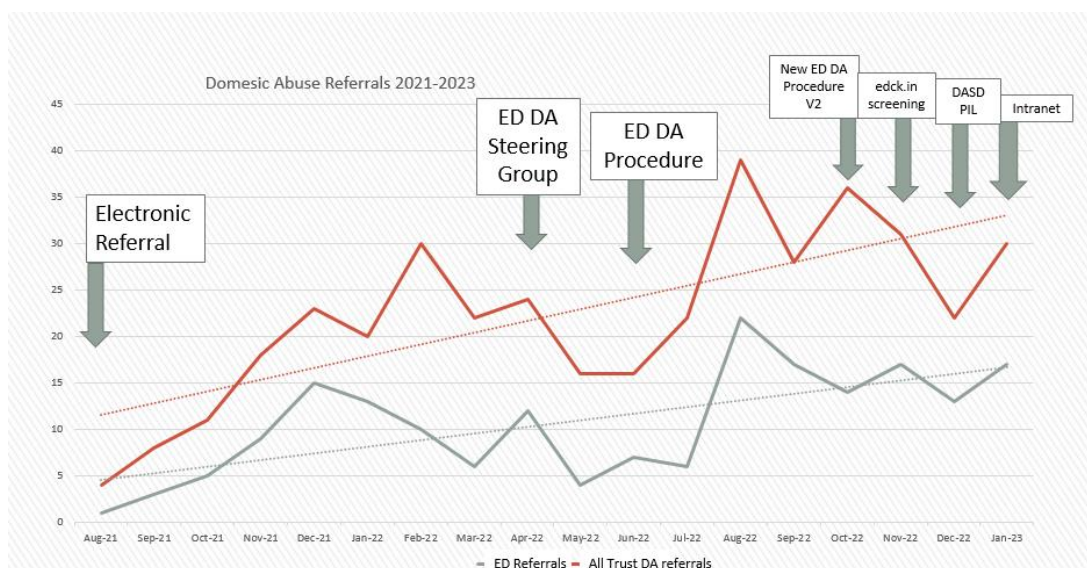
- A new Emergency Department Domestic Abuse (ED DA) procedure was launched in June 2022
- A revised ED DA procedure was put in place in Oct 2022 to ensure emphasis on [IDVA](#) provision
- An existing ED electronic screening questionnaire ([edck.in](#)) was amended in November 2022 to include questions regarding Domestic Abuse
- A new Domestic Abuse Services Directory Patient Information Leaflet (DASD PIL) and QR code was launched in December 2022
- An updated ED DA Procedure was uploaded onto the intranet January 2023

We screen for Domestic Abuse using [edck.in](#)



The screenshot shows a web-based form with several sections: 'List any pre-existing conditions', 'List any medications you currently take', 'List any allergies you have', and 'Anything else you'd like to tell us?'. Below these are two sets of radio buttons for 'Are you 17 or under?' and 'Do you feel safe?'. At the bottom, there are buttons for 'Go back', 'Continue', 'Cancel', and 'Get assistance', along with a 'Page 2 of' indicator.

What was the impact: Our number of electronic referrals increased over 18 months as shown below.



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Caveats and Future Plans: We do not know if the increase has been as a direct result of our interventions or whether this increase would have happened naturally. We must also remember that numbers of electronic referrals are a surrogate marker for the quality of Domestic Abuse support being offered to individuals. Our future plans are to develop face-to-face Domestic Abuse screening in the Urgent Care setting and to develop an ED DA education strategy.