# An exploration of what enables New South Wales Health Emergency Department staff to treat and support domestic and family violence victims who have experienced non-fatal strangulation

## BACKGROUND

Non-fatal strangulation (NFS) is widely recognised as a form of assault with serious health impacts including the potential for brain injury and death. NFS is an indicator of potential lethality in relationships where perpetrators choose to use physical violence against their partners. Specific questions about NFS are now included on most domestic violence risk assessment tools. Across the domestic and family violence (DFV) sector, responders are increasingly identifying victims of NFS who are unaware of the potential associated health risks and are referring them to health services for assessment. In this study, emergency department staff shared how they do this work, 'what works' and what else could support the ED response to people who have experienced NFS in the context of domestic and family violence.

## METHODS

Appreciative inquiry methodology informed the design of this qualitative study. Between October 2021 – June 2022, purposive sampling resulted in the recruitment of 12 doctors, nurses, and social workers from eight emergency departments across three New South Wales Local Health Districts. Semi structured interviews were conducted to explore what enables emergency department staff to treat and support people who have experienced non-fatal strangulation in the context of DFV. Inductive coding of the data was conducted, followed by deductive analysis using a social ecological framework.

## RESULTS

Participants' insights show tensions between key factors within and between the policy, community, organisational, interpersonal, and individual levels of the social ecological framework. The results suggest that whilst clinical guidelines assist with medical assessment and treatment, local 'champions' delivering organisationally supported education on the nuanced responses needed to address the complexities and risks for victims in domestic violence situations, is also crucial. Integrated, multidisciplinary collaborative responses enables positive engagement with victims/survivors and social workers are key to linking victim/survivors to ongoing supports. Organisational recognition and encouragement of the informal support networks amongst emergency department staff enables staff to debrief and cope with intensity of this work.

## CONCLUSION

The way that NSW ED staff treat and support domestic violence victims who have experienced strangulation is inextricably link to policy, community, organisational and intrapersonal factors. The recently released clinical guidelines for managing non-fatal strangulation in the ED will be welcomed by clinicians. Organisational support for education for ED staff on identifying and responding to domestic and family violence and NFS, clarification around risk reporting responsibilities and enhanced resourcing for domestic violence champions and social workers in EDs, would support staff to implement these clinical guidelines.


## KEYWORDS

Domestic and family violence, non-fatal strangulation, strangulation, emergency department, health staff, hospital, systems theory, social ecological theory, collaboration.



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