

# Support for victims of assaults and domestic violence: are accident and emergency departments doing enough?

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## INTRODUCTION

Accident and emergency (A&E) departments and the police are dealing with increasing numbers of victims of assault.<sup>1</sup> Almost all of these patients will be complaining primarily of the physical injuries they have suffered. However, the emotional effects of assaults and accidents have been shown to persist long after the physical damage has healed. Furthermore, victims of assault take longer to recover emotionally than those injured in accidents.<sup>2</sup> Victims of assault present most frequently after hours and at weekends. These are the times when A&E departments are relatively under staffed and are often stretched to manage patients' immediate physical problems, let alone offer emotional support. Follow-up and support for victims of assault is offered by a number of agencies, foremost of which is Victim Support, which is a national organization of trained volunteers who contact victims of criminal acts either by the phone, correspondence, or personal visit. Most of the organization's referrals come via the police. In the South Birmingham Area in 1991–1992, 5210 victims were referred, 4623 by the police, 396 from other Victim Support Schemes and only 191 from other agencies. It is estimated that only 25% of assault victims are known to the police.<sup>3</sup> It may be assumed from these figures that a large proportion of victims seen in accident departments miss out on victim support. It follows therefore that A&E departments have a key role in facilitating contact between patients and support groups.<sup>4</sup> This study surveys senior house officers (SHOs) and nursing staff on their use and awareness of 'Victim Support' and other groups.

**Key words:** assaults, domestic violence, victim support

## METHODS AND RESULTS

The study was carried out by telephone survey of 50 A&E departments throughout the UK picked at random. An A&E SHO with 6 months experience and an A&E Sister or Staff Nurse was interviewed in each department. Special reference was made to victims of domestic violence.

Only 15 out of the 50 SHOs interviewed could name any agency offering help following an assault as opposed to 35 out of 50 nurses. Victim Support was named only three times. Nine SHOs had referred patients to a support group. In four A&E departments there was a designated member of staff involved in victim support. Thirty-three of the nurses questioned were aware of leaflets or contact telephone numbers kept in the department but only 10 SHOs were aware of this information. In only four departments was victim support part of the SHO teaching programme. All but one of the SHOs had treated victims of domestic violence. Most (32) said that they would limit their treatment to the physical injuries and only 13 said that they had a role in counselling these patients. Twenty-nine SHOs would encourage victims of domestic violence to contact the police if they had not already done so. Whilst SHOs often mentioned nurses in supporting role for victims of domestic violence only nine nurses felt they had time enough to undertake this extra duty.

## DISCUSSION

A&E departments have an opportunity to facilitate emotional support for victims of assault. It is inappropriate to expect SHOs to take on the task of counselling as they lack the time and training to

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undertake this role. Similar constraints apply to the nursing staff. Nurses and doctors should at least be aware of the existence of such groups and information should be available to patients in the waiting room. Violence occurs in 20–30% of marriages and in 90% of cases it is the woman who is the victim.<sup>5</sup> Domestic violence is often repetitive and may have been taking place for some time prior to the patient's presentation to the A&E department. By this stage the victim is often utterly demoralized and has an overwhelming feeling of helplessness. SHOs should be encouraged to be more forthright in offering help to this vulnerable group as they will often have lost the ability to help themselves. Written advice giving details of local support schemes should be given to all victims, and management guidelines should be included in departmental handbooks and teaching.

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