Emergency Care Perceptions and Responses to Alcohol-Intoxicated Women Victims of Violence: Current Perceptions and Responses, What Influences Them, and Whether They Can Be Changed

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Declaration

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________________________________________

Amy Marshall

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Table of Contents

Declaration .......................................................................................................................... iii
Acknowledgements .......................................................................................................... iv
Table of Contents ............................................................................................................. v
List of Tables .................................................................................................................... x
List of Figures .................................................................................................................. xi
Abstract .......................................................................................................................... xiii
  Background ................................................................................................................... xiii
  Methods ......................................................................................................................... xiii
  Findings ........................................................................................................................ xiv
  Conclusions ................................................................................................................... xiv
Chapter 1 Introduction ..................................................................................................... 1
  Introduction .................................................................................................................. 1
  Background .................................................................................................................. 1
    Alcohol and violence against women ........................................................................ 1
    The health care response .......................................................................................... 2
  The purpose of this research ....................................................................................... 4
    Primary research questions ..................................................................................... 5
  This research study ...................................................................................................... 5
    Research design ....................................................................................................... 5
    Thesis layout ............................................................................................................ 5
    Definition of terms ................................................................................................... 7
    Statement of researcher positionality ...................................................................... 9
  Summary ...................................................................................................................... 9
Chapter 2 Literature Review ........................................................................................... 11
  Introduction ................................................................................................................ 11
  Violence against women .............................................................................................. 11
    Background .............................................................................................................. 11
    Prevalence ............................................................................................................... 12
Impact.................................................................................................................. 13
Alcohol...................................................................................................................... 14
  Cultural context.................................................................................................... 14
  Risks to women associated with intoxication.................................................... 16
  Prevalence of alcohol in violence against women.............................................. 17
Emergency care ....................................................................................................... 19
  Cultural context.................................................................................................... 19
  Alcohol in emergency care................................................................................... 20
  Violence against women in emergency care....................................................... 23
Emergency care, alcohol and violence against women ....................................... 27
  Identifying the gap in knowledge....................................................................... 27
  Significance.......................................................................................................... 28
  Research Questions............................................................................................... 29
Chapter 3 Methodology........................................................................................... 31
  Introduction......................................................................................................... 31
  Theoretical underpinnings .................................................................................. 31
    Critical Social Theory....................................................................................... 31
    Feminist Theory................................................................................................. 34
  Methodology........................................................................................................ 36
    Ethnography....................................................................................................... 36
  Choosing the most appropriate methodology.................................................. 41
    Focused ethnography....................................................................................... 44
    Ethnographic analysis strategy....................................................................... 45
    Rigour................................................................................................................ 46
  Conclusion........................................................................................................... 48
Chapter 4: Methods .............................................................................................. 49
  Introduction......................................................................................................... 49
  Research study design....................................................................................... 49
    Quantitative data............................................................................................ 49
    Qualitative data............................................................................................... 50
    Benefits of mixed methods............................................................................. 51
    Ethical review.................................................................................................. 52
Phase 1 ED survey.................................................................................................................. 53
   Objectives .......................................................................................................................... 53
   Survey design ...................................................................................................................... 53
   Sampling, recruitment and data collection ......................................................................... 55
Phase 2 EMHAD pre and post survey .................................................................................. 56
   Objectives .......................................................................................................................... 56
   Survey design ...................................................................................................................... 57
   Sampling, recruitment and data collection ......................................................................... 58
Phase 3 Interviews .................................................................................................................. 59
   Objectives .......................................................................................................................... 59
   Interview schedule design ................................................................................................. 59
   Sampling, recruitment and data collection ......................................................................... 60
Conclusion .............................................................................................................................. 62

Chapter 5 Findings .................................................................................................................. 63

Section 1: Survey Results ..................................................................................................... 63
   About the Participants ......................................................................................................... 64
   Education and Clinical Experience with AOD ................................................................. 67
   Clinical Guidelines and Alcohol Screening ..................................................................... 69
   Estimates of Prevalence ..................................................................................................... 71
   Objection to Treating Intoxicated Patients ....................................................................... 76
Section A – Alcohol and violence against women in Australia ........................................... 77
Section B – The workplace context ..................................................................................... 81
Section C – Your role ............................................................................................................ 84
Section D – Your Relationship with Patients ..................................................................... 87
ED Survey – Influences .......................................................................................................... 90
ED Survey – Hospital comparison on selected variables ................................................... 92
ED Survey – Open ended Comments ................................................................................ 94
Summary ............................................................................................................................... 96
Post-EMHAD survey ............................................................................................................ 96
   Perception of change ........................................................................................................ 96
   Impact on practice ............................................................................................................. 99
   Open-ended comments .................................................................................................... 102
EMHAD Post-program Summary .............................................................. 105
Section 2: Interview Results ..................................................................... 106
About the Participants ............................................................................. 106
Coding ........................................................................................................ 107
Codes about the woman .......................................................................... 114
Codes about the Clinician ....................................................................... 124
Codes about the emergency care setting ................................................ 138
Codes not about the woman, clinician or emergency care setting ............. 147
  Alcohol and Intoxication ........................................................................ 147
  Response to Violence Against Women .................................................. 150
  Clinical Practice ..................................................................................... 150
  Education and Early Intervention .......................................................... 152
  Prevalence and Visibility ...................................................................... 154
Themes ...................................................................................................... 155
  Theme 1: My role and response ............................................................. 157
  Theme 2: How I see her ......................................................................... 166
  Theme 3: The problems of alcohol and violence against women .......... 170
  Theme 4: Emergency care context ....................................................... 173
Interview Results Summary ....................................................................... 179
Conclusion ............................................................................................... 180

Chapter 6 Integration ............................................................................. 183
Introduction .............................................................................................. 183
Data Integration and Triangulation .......................................................... 183
Overview of cultural group .................................................................... 186
  General .................................................................................................. 186
  Elements across all three phases .......................................................... 187
  Points of difference between the three Phases .................................... 192
Grouping into major themes for discussion ............................................. 194
Conclusion ............................................................................................... 195

Chapter 7 Discussion ............................................................................. 197
Introduction .............................................................................................. 197
  Clinical Practice .................................................................................... 197

viii
Workplace .......................................................................................................................... 202
General attitudes about alcohol and violence against women ........................................ 207
Role .................................................................................................................................. 213
Relationships .................................................................................................................... 216
Influences .......................................................................................................................... 221
Conclusion ........................................................................................................................ 222

Chapter 8 Conclusion ........................................................................................................ 225

Thesis Summary ............................................................................................................... 225
  Overview of main findings ............................................................................................... 226
Answering the research questions ................................................................................... 228
Significance ....................................................................................................................... 229
Limitations ......................................................................................................................... 230
Future research .................................................................................................................. 232
Conclusion ........................................................................................................................ 234
References ......................................................................................................................... 237

Appendix 1 ED Survey ...................................................................................................... 251
Appendix 2 Pre-EMHAD Survey ....................................................................................... 259
Appendix 3 Post-EMHAD Survey ...................................................................................... 267
Appendix 4 Interview Schedule ......................................................................................... 271
List of Tables

Table 1. Demographic variables for the ED survey and the pre-EMHAD survey ............................. 66
Table 2. Education and experience in AOD undertaken by ED and pre-EMHAD Survey respondents ................................................................................................................................. 68
Table 3. EMHAD attendance by ED and pre-EMHAD Survey respondents .................................. 69
Table 4. Knowledge of the Alcohol, Tobacco and Other Drug Clinical Guidelines by ED and pre-EMHAD Survey respondents ................................................................................................................. 70
Table 5. Knowledge of the AUDIT tool by ED and pre-EMHAD Survey respondents .................. 71
Table 6. Descriptive statistics for estimates of prevalence ................................................................. 72
Table 7. Means, standards deviations and T-tests for respondent demographic variables and estimates of intoxication, assault and both ............................................................................................................ 73
Table 8. Means, standards deviations and One way ANOVAs for respondent demographic variables and estimates of intoxication, assault and both ............................................................................................................. 75
Table 9. ED Survey and EMHAD pre-Survey responses (number, n, and percent, %) to statements regarding alcohol and violence against women ................................................................................................................................. 79
Table 10. ED Survey and EMHAD Survey responses (number, n, and percent, %) to statements regarding their workplace context ......................................................................................................................... 82
Table 11. ED Survey and EMHAD Survey responses (number, n, and percent, %) to statements regarding clinicians’ role ................................................................................................................................. 86
Table 12. ED Survey and EMHAD Survey responses (number, n, and percent, %) to statements regarding relationships with patients ................................................................................................................................. 88
Table 13. ED Survey responses (number, n, and percent, %) to statements regarding influences about alcohol ................................................................................................................................................................. 91
Table 14. ED Survey responses (number, n, and percent, %) to statements regarding influences about violence against women ................................................................................................................................. 91
Table 15. Ranked influences on attitudes and opinions ....................................................................... 92
Table 16. Means, standards deviations and T-tests comparing the two ED Survey hospitals on 12 questions ................................................................................................................................................................. 94
Table 17. Responses to three questions about perceived change ......................................................... 97
Table 18. Responses to three questions regarding impact on practice .............................................. 100
Table 19. Comparison of ’extent of change’ with ability to apply and intent to change practice ................................................................................................................................................................. 101
Table 20. Interview participant details ............................................................................................. 107
Table 21. Emergent codes from the semi-structured interviews .......................................................... 107
Table 22. Integration of main themes and findings from all data sources using colour-coding – ED Survey (black), EMHAD survey (red), and interviews (blue) ................................................................. 185
List of Figures

Figure 1. The emergency care service ‘space’ within which women can seek care ................ 3
Figure 2. The inter-connected relationship between the emergent themes ....................... 157
Figure 3. The positionality of the clinician and the emergent themes .............................. 180
Abstract

Background
Violence against women is at epidemic proportions in Australia, with one in three women experiencing physical violence in her lifetime and one in five experiencing sexual violence in her lifetime. More than one woman per week is killed by her current or former partner in Australia. Research indicates that alcohol is involved in up to two thirds of all instances of violence against women, resulting in a large proportion of women who are intoxicated at the time of their assault. Women who are intoxicated when they experience physical or sexual assault are a highly vulnerable group. Not only must they deal with the health consequences of being victimised and being intoxicated, but they must contend with social norms that marginalise, demonise and blame them for their intoxication, victimisation and consequences.

Emergency care clinicians are trained with skills to help their patients; however, they are also members of the broader society where negative beliefs and attitudes about intoxicated women who are victims of violence remain widespread. It is crucial therefore that the clinicians tasked with caring for these women are able to help these women competently, and without judgement and blame. This research aims to answer the questions: How do emergency care clinicians perceive and respond to intoxicated women victims of violence, what influences those perceptions and responses, and can those perceptions and responses be changed?

Methods
This research used a focused ethnographic methodology framework informed by critical social theory and feminist theory. Mixed methods were employed, with data being gathered in three phases:

- Phase 1: survey of clinicians from two large metropolitan emergency departments;
- Phase 2: pre and post survey of participants of an emergency drug and alcohol education program; and
- Phase 3: semi-structured interviews of emergency care clinicians from a range of services.
The research was iterative, using findings from each data collection phase to inform the questions asked in the next phase. The findings from each phase were analysed separately, then were integrated and triangulated to identify common themes across all data sources and increase the validity of the research.

**Findings**

Results revealed that most emergency care clinicians view intoxicated women victims of violence as vulnerable and in need of their help, even when this is sometimes difficult and frustrating. Most had an overall desire to help these women and expressed concerns about the safety and agency of these women, often responding by advocating on their behalf or acting to give them some privacy or safety. Some clinicians blamed the women for their situation, but many more expressed empathy and strongly denounced any violence against women. Themes were identified regarding the clinicians’ perceptions of intoxicated women victims of violence, their role and response, their perceptions of alcohol and violence against women more broadly, and the emergency care context. Lack of resources within their context, particularly time and space and access to other services, were regularly cited by clinicians as barriers to better care.

Professional and personal experience most heavily influences clinicians’ perceptions of these women, and can explain why they find their experiences with intoxicated patients challenging. Participants expressed a strong desire for greater education and training, particularly regarding how to care for women victims of violence, while reporting insufficient skills or confidence in treating intoxicated women victims of violence. An education program on drugs and alcohol, including intoxication, resulted in participant reports of greater confidence and more positive feelings about caring for intoxicated patients in the emergency setting, but participants did not feel that this could be readily translated to caring for intoxicated women victims of violence.

**Conclusions**

The findings shed a critical light on the emergency care clinicians’ perceptions and responses regarding intoxicated women victims of violence, and their emergency care culture and organisational impediments that impede the provision of best care for this
vulnerable patient group. It highlights the importance of professional and personal experience in shaping clinicians’ perceptions regarding these women, and strong desire by many to help such vulnerable women in this situation. This study has begun building new knowledge about the phenomena and improving the perceptions and practices of emergency care clinicians towards these women.