

**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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**Submitted in total fulfilment of the requirements for the degree of Doctor of
Philosophy**

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July 2015

Declaration

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Acknowledgements

Undertaking and finally completing this research has been more challenging than I could have imagined, and there are a lot of people to thank for helping me along the way.

First and foremost to all the emergency care clinicians who took time out of their busy schedules to fill in a survey or participate in an interview – a massive thank you for going above and beyond your already busy schedules to help me and this research.

To my wonderful husband Iliya – thank you for being my rock throughout, and all while undertaking your own PhD. You have kept me sane, encouraged me, celebrated my wins with me and held me during the lows. You have always believed in me and pushed me to keep learning and growing. On so many levels, I literally wouldn't have got here without you. My love. Thank you.

A most important and special thanks to my two supervisors, Professor Charlotte de Crespigny and Dr Tim Schultz, who have guided me along this journey. You have both shown an inordinate amount of patience and perseverance, nurturing my confidence and abilities and spending so much of your time and expertise getting this right. You have shown unwavering faith in me, always cheering me on and helping me through the inevitable peaks and troughs. Thank you for your persistence, encouragement, gentle prodding and occasional kick up the proverbial when I needed it. I am so privileged to have had your insight, expertise and support.

To my family, especially my mum and dad, for always believing in me and pushing me to pursue education. You taught me to never be afraid to ask questions, to stand up for what I believe in, and to believe that I am capable of making a difference in the world. Thank you, always.

To my fantastic supportive friends and extended family who have put up with so much over the last few years, and always stood ready with smiles and hugs, supportive words and appropriate distractions – thank you for being so patient and wonderful.

To my colleagues at the School of Nursing, all of whom have been so supportive and helpful, offering insightful advice and sympathetic ears whenever I needed it, I am incredibly grateful.

A special thanks to John for proof-reading such an enormous work out of the goodness of your heart (using the Australian Standards for Editing Practice, as per the University of Adelaide's policy). You and Aneta have provided such unwavering support to Iliya and I – thank you for believing in us.

I hope I have done you all proud.

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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.