

Family, domestic, and sexual violence presentations to a virtual emergency department: a retrospective cohort study

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Background: *Family, domestic, and sexual violence* (FDSV) is a major global health issue *affecting one in four women*. Emergency departments (EDs) are often the first point of healthcare contact for people experiencing FDSV. Virtual emergency departments have been introduced in Australia to improve access to care and reduce pressure on physical EDs, but little is known about FDSV presentations in this setting.

This study aimed to identify and describe FDSV presentations to the Victorian Virtual Emergency Department (VVED).

Methods: A retrospective cohort study examined FDSV presentations to the VVED between 1 July 2023 and 30 June 2024. Cases were identified using VVED data, injury surveillance data, and clinician documentation. Records were filtered by age, sex, and injury intent, followed by file review to confirm eligibility. Demographic and presentation characteristics were summarised using descriptive statistics.

**Time period:**
Jul 23 – Jun 24

**Cases identified using:**

- VVED data
- Injury surveillance data
- Clinician documentation

**Summarised using:**
Descriptive statistics

Results: Twenty-one FDSV presentations were identified among 173,936 VVED presentations (0.012%). All were female, median age of 37 years. Most were born in Australia (86%) and lived in socioeconomically disadvantaged areas (62%). Intimate partner violence was the most common form of FDSV (81%), and injuries above the clavicle (head, face and neck injuries) were the most frequent presentation (53%). Most patients were referred via healthcare professionals (76%). One-third were directed to physical EDs, while most were managed virtually with follow-up arranged through general practitioners or other healthcare providers.

Table 1: Demographics for family, domestic and sexual abuse presentations

Characteristics	Sample n (%) ^a
Sex	
Female	21 (100%)
Age	
Median (IQR)	37 (26–45)
18–49	18 (86%)
≥ 50	3 (14%)
Aboriginal and/or Torres Strait Islander origin	
Yes	2 (10%)
Country of birth	
Australia (inc. external territories)	18 (86%)
Primary language	
English	18 (86%)
Postcode SEIFA quintile	
1—Most disadvantaged	5 (24%)
2	8 (38%)
3	4 (19%)
4	3 (14%)
5—Most advantaged	1 (5%)
Pregnancy status	
Pregnant	3 (14%)
Referral pathway	
Healthcare professional referral	16 (76%)
Ambulance Victoria	11 (52%)
Urgent care clinic	4 (19%)
Other healthcare professional	1 (5%)
Self-referral	5 (24%)

^a Proportions rounded to nearest whole number.

Table 2: Presentation characteristics and outcomes for FDSV presentations to the VVED

Presentation characteristics and outcomes	n (%) ^a
Primary presentation diagnosis	
Injury above clavicle (head, neck and face)	9 (53%)
Abuse	5 (29%)
Injury below clavicle	3 (18%)
FDSV type	
Intimate partner violence	17 (81%)
Family violence	4 (19%)
Sexual violence	1 (5%)
Reproductive coercion	0
Perpetrator	
Partner	11 (52%)
Ex-partner	6 (29%)
Family member	3 (14%)
Other	1 (5%)
Method of identification of FDSV	
Disclosed by healthcare professional with patient	13 (62%)
Self-disclosed	8 (38%)
Outcome	
To attend physical ED for review	7 (33%)
To attend general practitioner for review/follow up	6 (29%)
Discharged into care of HCP at scene with patient	5 (24%)
Discharged (follow up not specified)	2 (10%)
VVED follow up	1 (5%)
Duration of consult (min)	
Median (IQR)	55 (36–90)
Minimum	14
Maximum	289

Conclusions: *FDSV presentations* were *rarely identified* in the virtual emergency setting, *suggesting under-detection*. Virtual EDs offer opportunities to support people experiencing violence, but *improved clinician training, documentation, and referral pathways are needed*.

