



Emergency Medical Services for Family Violence

**Illinois Family Violence Coordinating Councils
Grants to Encourage Arrest Policies and
Enforcement of Protection Orders**






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EMS


Promising Practices Mini-Toolkit

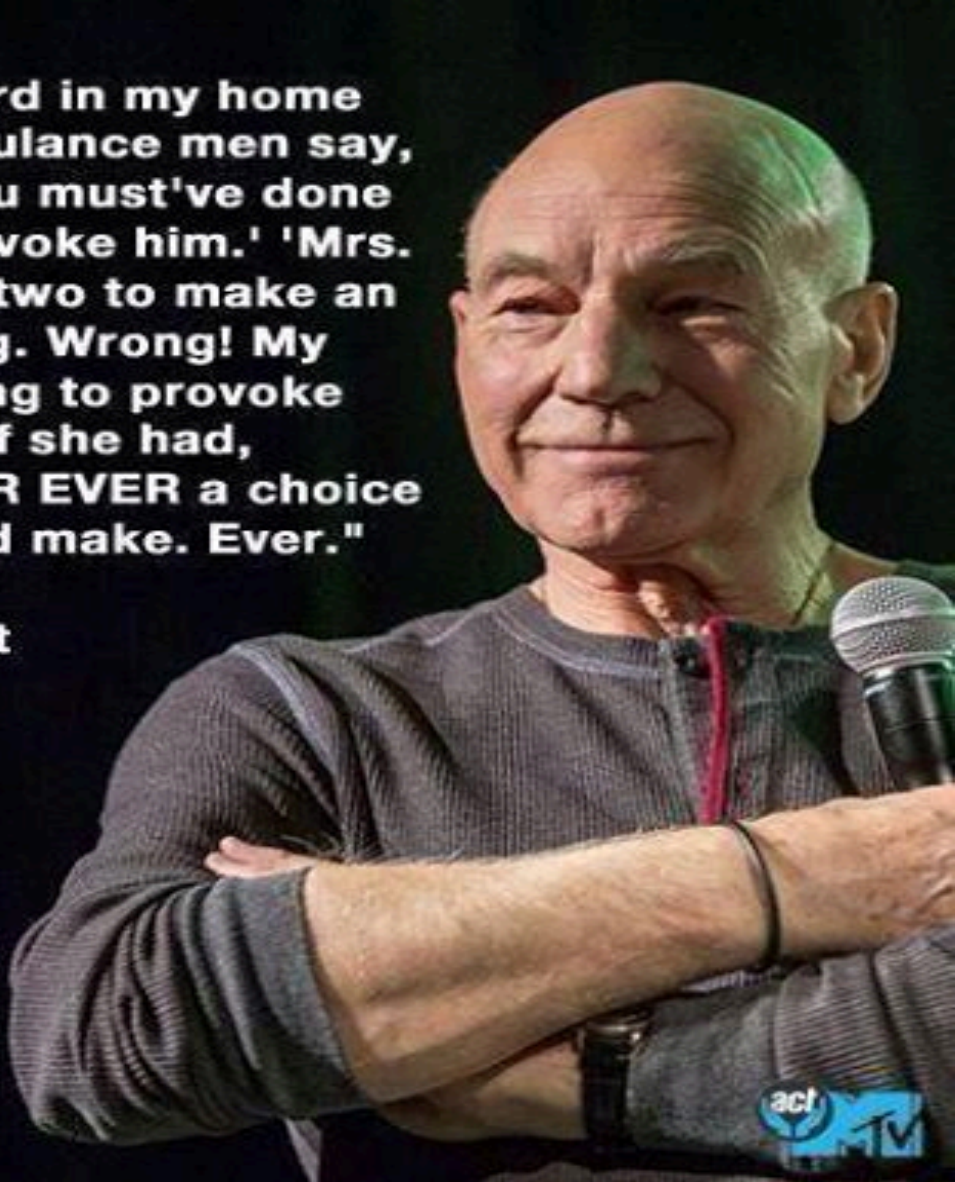
- 4 Sections
 - Title and Section pages (for those who want to print them all out)
 - Quick Reference Guide Component
 - Training Component (including PowerPoint and handouts)
 - Resources Component
- 

EMS Promising Practices Training Teams

- EMS representative from your community
 - Paramedic
 - EMT
 - Firefighter who provides EMS services
 - Ideally would have two or three of the following Protocol Training Team members present the training:
 - EMS representative
 - DV advocate
 - Law Enforcement
 - Representative from Disabilities and/or Older Adult Agency
 - Prosecutor
- 

Tips for Training

- Notes on PowerPoint
 - Handouts
 - Customize PowerPoint for your local area
 - Audience Participation
 - Answer Questions periodically and at the end of presentation
 - Include information on domestic violence, abuse against people with disabilities and abuse of older adults
- 


A photograph of actor Patrick Stewart speaking at a microphone. He is bald, wearing a grey sweater, and has his arms crossed. The background is dark with some green lighting. A logo for 'act TV' is visible in the bottom right corner of the photo.

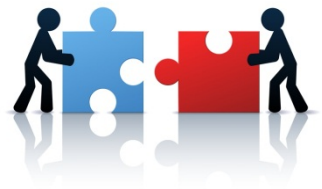
"As a child, I heard in my home doctors and ambulance men say, 'Mrs. Stewart, you must've done something to provoke him.' 'Mrs. Stewart, it takes two to make an argument.' Wrong. Wrong! My mother did nothing to provoke that -- and even if she had, violence is NEVER EVER a choice that a man should make. Ever."

-- Patrick Stewart



Role of EMS

- Primary role is assessment, treatment and connection to medical services.
 - Family violence or domestic viois a public health concern – emergency health care providers are in a unique position to address this problem.
 - Prevent further injury by providing compassionate services, referrals and documentation.
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- A large, solid red decorative wave shape that curves across the bottom of the slide.



ROLE OF EMS

- While focusing on medical needs, EMS workers must use powers of observation to “read between lines” and be alert to clues of family violence.
- Look and Listen
 - What do I see which might be an indicator of DV?
 - What do I hear which might be an indicator of DV?





What's the real problem here?



Power and Control Wheel



Courtesy Domestic
Abuse Intervention
Project

Duluth, MN

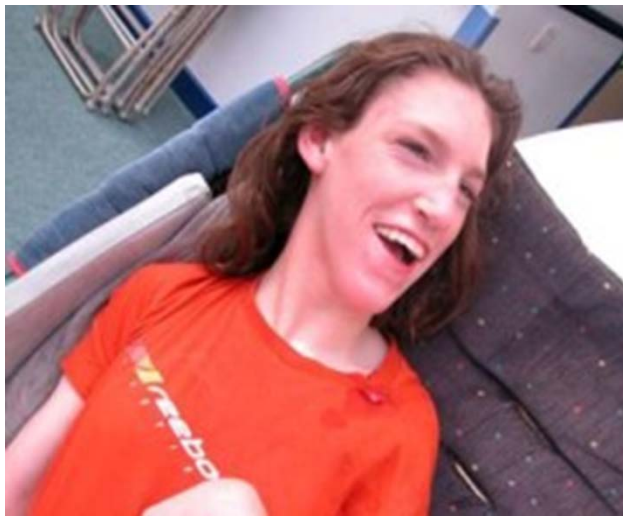


P & C activity





How might power & control look for a person with a disability or older adult?






Tactics – People with Disabilities and Older Adults

- Withhold care & denying basic needs
- Threatens to end relationship and leave unattended
- Threatens to have person institutionalized
- Threatens to take away services
- Taking assistive devices away
- Exposes disability (AIDS, mental illness)






Tactics – People with Disabilities and Older Adults

- Blames disability/age for abuse
 - Isolates and won't let others in house
 - Forces sex when individual may be unable to physically resist
 - Uses medication to control
 - Misuse of power of attorney or seeks guardianship
- 
- A thick, solid red wave-like graphic that curves across the bottom of the slide, starting from the left and ending on the right.




How is the patient acting?

- Fearful, anxious.
 - Reluctant to respond when questioned or hesitates in providing info about injury.
 - Flat affect and/or detached
 - Reluctant to speak in front of partner or caregiver.
 - Unusually isolated, unhealthy.
- 




What is the patient saying?

- Denies or minimizes violence/injuries.
 - Patient and other household members give conflicting accounts of incident or illness.
 - Blames self for injuries/health.
 - Reluctant and/or embarrassed to talk about injuries/health.
- 




What is the body telling you?

- Injuries at various stages of healing
 - Patterned injuries
 - Injuries relating to restraint
 - Defensive wounds
 - Repeated or chronic injuries
- 




What is the body telling you?

- Multiple vague complaints – headache, insomnia, abdominal discomfort, muscle ache or non-specific pain
 - Chronic pain symptoms for which the source is unknown
 - Stress related illnesses
- 



What is the body telling you?

- Any injury which has not been properly cared for (sometimes injuries are hidden on areas of the body normally covered by clothing) or untreated medical condition.
 - Dehydration and/or malnourishment without illness-related cause.
 - Not responsive to medical treatment
- 

What does the environment tell you? What do you see?




What does the environment tell you? What's missing? – access issues





How are others acting?

- Interferes
 - Tries to prevent the patient from interacting privately
 - Angry or indifferent towards the patient and refuses to provide necessary assistance
 - Refuses or hesitates to permit patient's transport to hospital
- 

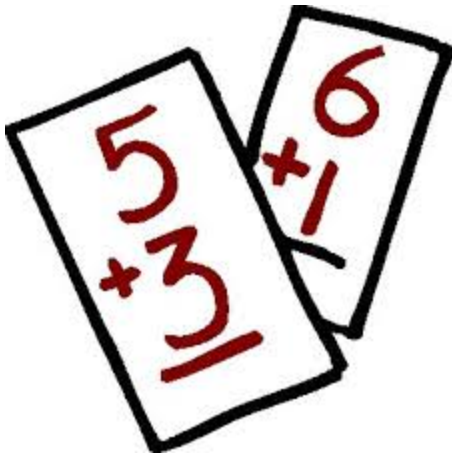


What are others saying?

- Answers for or controls communication
- Denial or minimization of injuries/violence
- Talks about own minor health problems
- Speaks disrespectfully or belittles the patient

Whole Picture

Like a math problem. Add all the pieces together:



Patient statements
Injury/illness
Environmental Factors
+ Others' responses

= Family violence



Victim – has more pieces of the puzzle you don't have

- You may be concerned about physical injuries and patient doesn't seem to care.
- You may see options for patient that they either don't see or don't feel are options for them at that time.





Victim may recall pieces of the puzzle:

- Over a period of time – not all at once
- Out of order – seems chaotic



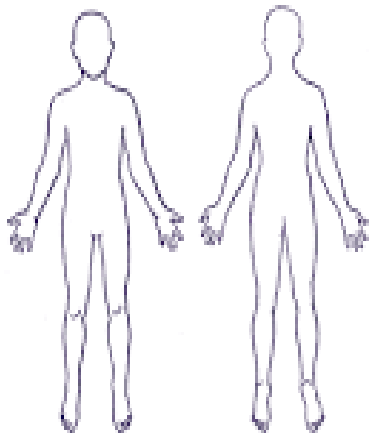


QUESTIONS





What injuries or medical conditions might be linked to family violence?





Assessment

- Assess patient
 - Index of suspicion: How did it happen?
 - Patient injuries, health
- Assess context
 - How it happened
 - Environmental factors
 - Influencing factors



Index of Suspicion

- Incongruent explanations of injuries
- History that is inconsistent with the injury or illness
- Unexplained delays in seeking treatment for injury
- Injuries during pregnancy




Documentation

- Complaints and symptoms should be in the patient's own words
 - Write “Patient stated...” not “Patient alleged...”
- Include description of injuries
- Include inconsistencies between the injuries and the history and/or description of injury



Documentation

- Include notes of comments from witnesses and people present – use quotes when possible
 - Identify weapons if present or used
 - Record demeanor of patient, children, witnesses and suspect
 - Description of scene/property/residence
 - Patient lying on filthy bed or sheets
 - House is too clean – like someone cleaned up the area before EMS arrived
 - Signs of struggle
- 




Documentation

- Place activity/sample report here



Crime Scene Considerations

- Contact police
 - Minimize your effect on potential evidence
 - Limit the number of people on the scene
 - Have all personnel use same entrance
 - Advise police of injuries discovered during assessment of patient
 - Tell police anything you witnessed (see, smell or hear) at the scene
- 



QUESTIONS



What to say to victims



- Compassion
 - Validate feelings
 - “I’m sorry this happened to you”
 - “You don’t deserve to be treated this way”
 - “You have a right to be safe.”
 - “Help is available to you”
 - “How can I help you?”
 - Empathy and active listening skills

What not to say to victims

“HONEY”



“Dear”



“Sweetie”

What not to say to victims



- “Why don’t you just leave?”
- “Why did you wait so long to get help?”
- “I think you should leave.”
- “What did you say or do that made him angry?”
- “Why do you put up with it?”

What not to say to victims



- “How can you love or stay with a person like that?”
- “If that happened to me, I’d be out of there in a minute.”
- “Don’t you worry about what will happen to your kids?”




Talking to victims

- Be non-judgmental
- Restore control to the victim
- Encourage to talk in a confidential setting
– privately
- Don't take it personally
- Check your attitude
- Ask patient what they would like to do next



Talking to victims – questions to ask

- “Because family violence is so common in today’s world, I’ve begun to ask about it routinely.”
 - “We often see people with injuries such as yours which are caused by someone they know. Could this be happening to you?”
 - “You seem frightened and anxious. Has someone hurt you?”
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- A large, solid red wave graphic that curves across the bottom of the slide, starting from the left and ending on the right.



Talking to victims – questions to ask

- “Are you afraid of anyone in your household?”
- “Has anyone in your household hurt you or threatened to hurt you?”
- “Sometimes when another is over-protective and jealous, they react strongly and violently. Has this happened to you?”



Talking to victims – questions to ask

- “It looks as though someone may have hurt you. Can you tell me what happened?”
- “Do you feel safe in your relationship?”
- “Are there times you have felt afraid of your partner?”



Talking to victims – questions to ask

- “What happens when you and your partner disagree?”
- “Have you ever had sex with your partner when you did not want to?”



Barriers to Leaving – Why Does the Victim Stay?

- Abuser may threaten or harm children, family, friends, personal belongings and/or pets.
- Abuser threatens to fight for sole custody of and to uproot the children.
- Abuser threatens homicide and/or suicide.
- Abuser stalks the victim.



Barriers to Leaving – Why Does the Victim Stay?

- Abuser controls the finances or victim is financially dependent on the abuser.
- Abuser promises to change.
- Victim believes the children need a father/mother.
- Victim fears becoming homeless.
- Victim has strong religious beliefs – believes divorce is a sin.



Barriers to Leaving – Why Does the Victim Stay?

In cases involving an older adult or person with a disability:

- Abuser threatens that they will lose their home or go to a nursing home.
- Abuser provides daily care or necessities.
- Abuser isolates victims from family or friends.




Barriers to Leaving – Why Does the Victim Stay?

- Abuser takes away victim's support system.
- It may be safer for the victim to remain in the abusive situation than to leave:
Leaving an abusive situation is the most dangerous time for a battered person.
- Victim fears the unknown/being alone.
- The victim loves the abuser.



Victim is the Expert

- Victim knows their situation better than anyone.
 - May not be an option to leave the relationship
 - Physical abilities
 - Ask the victim what they need or want.
 - They may know strategies that work
 - What is important to you may not be important to the victim.
- 

Refusal of Services

If patient denies transport:

- Be non-judgmental
- Provide first aid
- Provide support & referral to a family violence program
- Document





Mandatory Reporting

If an adult report when:

- Person with disability or older adult **does not have the capacity** to report for themselves.
- Abuse, neglect or exploitation is suspected.


Linking patient to hospital

- Consider advising hospital security
- Explain medical consequences
- Provide support & referral





Safety Planning for Victims

- Friends/Family with whom they can stay
 - Shelter
 - Counseling
 - Report to police
 - Considerations for people with disabilities
- 



Family Violence Services

- Domestic Violence Shelter and Victim Services
- Adult Protective Services
- Rape Crisis Centers





Support Services

- Care Coordination Units
- Centers for Independent Living
- Disabilities Service Providers





- Do not judge the success of your intervention by the patient's actions.
- It may be frustrating to you when a patient stays in an abusive relationship, but it is the patient's decision.
- If you have acknowledged and validated their situation and offered referrals, you have done what you can to help.
- Leaving is a process not an event.



QUESTIONS




Acknowledgements

Information and Resources provided by:

- 4th Judicial Circuit FVCC Law Enforcement Committee/OVW Rural Grant Committee
- *EMS Response to Domestic Violence: A Curriculum and Resource Manual* Department of Health and Social Services, Alaska
- *EMS Response to Domestic Violence Curriculum and Resource Manual* by Deb Boehme, Ph.D., EMT-I; Emergency Medical Services Bureau, Community Health Systems Division, Department of Health, New Mexico -
- National Coalition Against Domestic Violence, [http://www.ncadv.org/files/DomesticViolenceFactSheet\(National\).pdf](http://www.ncadv.org/files/DomesticViolenceFactSheet(National).pdf)
- AEquitas: The Prosecutor's Resource on Violence Against Women

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Thank you for what you do.



You make a difference in the lives of victims.



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