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What do EMS personnel think about domestic violence? An exploration of attitudes and experiences after participation in training

Elizabeth A. Donnelly [a, *], Karen Oehme [b, d], Rebecca Melvin [c, e]

[a] University of Windsor, School of Social Work, 401 Sunset Avenue, Windsor, ON N9B 3P4, Canada
[b] Institute for Family Violence Studies, College of Social Work, Florida State University, 296 Champions Way, Tallahassee, FL 32306-2570, USA
[c] University of Florida College of Medicine – Jacksonville, 655 West 8th Street, Jacksonville, FL 32209, USA

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ABSTRACT

Introduction: In 2012, the American College of Emergency Physicians (ACEP) reaffirmed that domestic violence is a serious public health hazard that emergency medical services (EMS) personnel will encounter. Many victims of domestic violence may refuse transport to the hospital, making EMS pre-hospital field personnel –EMTs and paramedics– their only contact with healthcare providers. Despite these facts, the interaction of field EMS personnel and victims of domestic violence remains largely unexamined.

Objectives: Given the importance of the interaction of field EMS personnel have with victims of domestic violence, the goal of this study is to explore attitudes about and experiences of EMS personnel on the issue of domestic violence after completing a training on domestic violence.

Methods: Participants were recruited by researchers contacting multiple EMS agencies. Data were gathered using a survey attached to an online domestic violence training for field EMS personnel (EMTs and paramedics) circulated in a large southern state. Participants were able to obtain continuing education credits for completing the online modules.

Results: A total of 403 respondents completed the survey. 71% of respondents indicated that they frequently encounter patients who disclose domestic violence; 45% believe that if a victim does not disclose abuse, there is little they can do to help; and from 32% to 43% reported assumptions and attitudes that indicate beliefs that victims are responsible for the abuse.

Conclusions: Implications of the data are discussed suggesting that EMS providers are aware that they frequently assist victims of domestic violence, yet many continue to endorse common myths and negative attitudes about victims. Core components of training that can educate EMS personnel about the dynamics of domestic violence are described, and a new free online training for medical professionals on domestic violence is offered for use as part of ongoing education to enhance the EMS response to victims.

1. Introduction

The intersection of the emergency medical services (EMS) and victims of domestic violence is an area that is both under-explored and under-utilized as a way to intervene in an area of significant public health concern. The most recent data on domestic violence, also called intimate partner violence, was published by the Centers for Disease Control in 2014. The data from the National Intimate Partner and Sexual Violence Survey – a national telephone survey conducted in 2011 – revealed that in the U.S., severe physical violence by an intimate partner was experienced by 22.3% of women and 14% of men.[1] The CDC considers domestic violence a public health problem that affects millions of people and has serious short and long-term health consequences including mental health problems, physical injury, and chronic physical health problems.[2] Each year more than a half-million injuries resulting from intimate partner violence require medical attention, and over 145,000 injuries require hospitalization.[3] Nearly one in three female trauma patients is a victim of domestic violence.[4] Injuries associated with domestic violence may be physical (e.g., broken

* Corresponding author. Tel.: +1 519 253 3000x4906.
E-mail addresses: donnelly@uwindsor.ca (E.A. Donnelly), koehme@fsu.edu (K. Oehme), Rebecca.Melvin@jax.ufl.edu (R. Melvin).
[d] Tel.: +1 850 644 6303x1.
[e] Tel.: +1 904 244 8060.

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limbs, fractures, and bruises,[5] contusions, lacerations, and head trauma[6–8]). Other symptoms associated with domestic violence may not be so obvious; medical complaints may be a result of ongoing stress (e.g., palpitations and shortness of breath, anxiety, depression, chronic pain, headaches, and other conditions.[9,10]).

Thousands of victims of domestic violence use ambulance services every year.[11] Emergency medical services (EMS) personnel may be the only medical professionals who communicate with victims. Victims may agree to an initial assessment, but subsequently refuse transport to the hospital.[12] Victims who refuse transport have a variety of reasons for doing so. They may be afraid of the legal ramifications of divulging abuse, embarrassed about their victimization, afraid of retaliation by the abuser, or they may simply lack support such as transportation home from the hospital, or child care while they are gone.[11] This common dynamic of refusal of services by domestic violence victims suggests that pre-hospital medical responders may have an advantage over other clinical medical professionals to identifying domestic violence when they have been trained to recognize the dynamics. The interaction between EMS personnel and domestic violence victims was acknowledged by the American College of Emergency Physicians (ACEP) in 2012, when they reaffirmed that domestic violence is a serious public health issue and that emergency medical services (EMS) personnel will encounter victims of the crime.[13] However, extant research shows that in order for medical personnel to successfully intervene, education is key[14]; without it, prehospital providers cannot be a "safety net" for victims.[11,15,16]

Researchers believe that the majority of battered women who are treated by EMS providers are not identified as victims of domestic violence and are offered no assistance or information to deal with a potentially life-threatening problem.[17] This represents a compounded tragedy, as EMS personnel can serve as a crucial link to more accurate diagnosis for subsequent clinical medical professionals who treat the patient when transport to a clinical setting is accepted. EMS personnel can also provide important information to victims about community resources that provide safety and support.[18] These important functions can be accomplished when EMS observe the victim's environment and the batterer's behavior, and/or speak privately to the victim, documenting the scene after arrival, and providing the patient with crucial information about existing community resources when it is safe to do so.[17,18]

The majority of existing research on the medical community's response to domestic violence explores the training and attitudes of physicians and nurses who treat patients in clinical settings.[19–22] Given the interaction between EMS personnel and victims of domestic violence and the dearth of descriptive studies in the extant literature, the goals of this study were as follows:

1. Describe the professional and personal experiences of domestic violence in EMS personnel
2. Explore attitudes towards domestic violence held by EMS personnel after an online training program.
3. Identify the amount of training EMS personnel report having related to domestic violence
4. Assess for variations in attitudes and personal or professional experiences based on demographic characteristics.

2. Methods

The training module and survey were developed in 2014. These data were collected in a prospective study conducted between March and November 2014 after EMS personnel in Florida completed an online training program on domestic violence. Data collection is ongoing. An online training model was selected for this program for several reasons. EMS personnel routinely receive online training and are familiar with the modality. Further, the use of online training allowed for dissemination across a large area and had the potential to reach a number of EMS services simultaneously. Researchers sent three emails to a LISTSERV of all agencies that employ EMTs/paramedics in Florida (compiled by the COMPAS DataMart Reporting System EMS Weekly Providers Report for Provider Licensure) and offered them the use of the online training for their EMS personnel. These emails went to agency staff to disseminate to employees at their discretion. Researchers partnered with a medical center within another university that provided any Florida EMT/paramedic with continuing education credit and a certificate of training if they passed a test with at least 80% score. The curriculum took roughly one hour to complete. If they passed the test, they were invited to take the survey. The surveys were not linked to the curriculum, anonymous, and voluntary pursuant to an expedited IRB approval for use of human subjects. A total of 403 respondents completed the survey.

The online training, entitled *The National Prevention Toolkit on Domestic Violence for Medical Professionals*, included two interactive modules and a resource site. The first module explored the range of different types of intimate partner abuse, including physical abuse, sexual abuse, emotional abuse, and stalking. It provides a graphic description of medical problems that can result from domestic violence beginning with physical injuries. It also describes the short and long-term effects of such violence, including a description of illnesses including headaches, gastrointestinal problems, mental health problems, gynecological problems, and a higher risk of suicide. Module one also provides information on the medical costs of domestic violence, the impact of domestic violence on children, reasons why many victims have difficulty leaving abusive partners, myths about victims and perpetrators, victim coping mechanisms, and common perpetrator characteristics. Module Two included a video providing advice for medical professionals on how to safely and sensitively talk to patients about domestic violence. It also described simple techniques to inquire about victimization and ways to tell patients about resources that may help victims.

Each participant was required to take a posttest consisting of multiple choice questions to ensure that they learned the training content. Only participants who earned at least an 80% score on the post-test could receive a certificate of training. Participants who earned certificates could either provide their certificate to their agency training coordinator, or email it to a certified continuing education provider who agreed to grant credit for the training. After participants received their electronic certificate of training, they were immediately invited, before leaving the training site, to click on a link that brought them into a Qualtrics survey and asked them to participate voluntarily and anonymously. Participants answered research questions on knowledge, attitudes, and beliefs about domestic violence. Further, in order to explore the experiences of EMS personnel with domestic violence, questions were asked about their professional and personal exposure to the issue. Some of the questions focused solely female victims of domestic violence, as women are victimized at a higher rate than men.[1] Human Subjects approval was obtained through the internal review board at Florida State University. Except for the certificates of training that counted toward Continuing Education Units (CEUs), participants did not receive any other incentives for taking the online training or completing the survey.

Data in this study were drawn from the Module one post-test. Results were analyzed using descriptive analyses as well as bivariate analyses. Results with that had a p-value under .05 were considered significant. All results were obtained using captured data and do not include missing data.