



Original communication

Are Australian paramedics adequately trained and prepared for intimate partner violence? A pilot study

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ABSTRACT

Intimate partner violence (IPV) is a common occurrence in Australian society and has far reaching health, social and economic impacts, particularly for females who are the most common victims. It is theorised that paramedics frequently encounter IPV in the field and in some cases are the only agency which deal with IPV victims in the out-of-hospital setting. Thus paramedics have a unique opportunity to increase discovery, treatment and reporting, however there is little formal training in managing IPV for most Australian paramedics. We evaluated the level of basic knowledge as well as self-reported preparedness and frequency of encountering IPV in a selection of 50 Australian paramedics using a cross-sectional descriptive study design with a paper-based questionnaire. Ninety percent of the paramedics reported encountering at least 1 case of suspected IPV in the last year, with the average number of cases being 3.66. Only 22% reported that they felt confident managing IPV cases. Sixty six percent of participants were unaware there is no mandatory reporting of IPV in their region. The vast majority of participants stated that they felt additional education and training would be most helpful to improving their ability to manage IPV cases. Participants had a poor knowledge and poor preparedness for IPV prior to undertaking a targeted education session. There is an urgent need for additional research of the needs and best methods to educate and train paramedics to appropriately respond to IPV cases.

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1. Introduction

Intimate partner violence (IPV) is an issue with profound health, social and economic implications to society. The term IPV refers to abuse transpiring between people who are, or were formerly, in an intimate relationship and occurs on a continuum of economic, psychological, and emotional abuse, through to controlling behaviours, and physical or sexual violence.^{1,2} Within Australia as well as worldwide IPV occurs across cultural, age, and socio-economical groups.¹ The vast majority of victims are women and they are far more likely to be seriously injured than men.¹ The prevalence of IPV within Australia has been measured in several studies over the past two decades, estimates are that between 17 and 57% of Australian

women will report being subjected to IPV at least once in their adult life.^{4–6} Additionally figures show that around 2% of women who present to hospital emergency departments are victims of IPV.⁷ These figures are likely to be significantly lower than the true incidence due to various barriers.⁸ Therefore it is safe to conclude that female victims of IPV constitute a significant portion of the Australian healthcare workload.

The impacts of IPV are broad and affect more than just the victim, ranging from other family members to entire communities.⁹ Intimate partner violence causes more preventable ill-health and premature death in Victorian women aged 15–44 than any other risk factor, including smoking high blood pressure and obesity.¹ Additionally IPV accounts for 8% of the burden of disease in Australia which is more than double any other risk factor.¹ Women who have been exposed to IPV are at greater risk for a range of other physical and mental health issues.¹⁰ The estimated cost of IPV in Australia is over AUD \$8 billion annually, with around \$500 million attributed solely to lost productivity.¹¹ Thus IPV causes a vast impact on Australia's physical, economic and social health.

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The impact of IPV on ambulance services is poorly documented and understood. No Australian studies have examined the frequency IPV appears in ambulance caseloads, the impact IPV has on service delivery, or examined the impact that pre-hospital management has on victims and perpetrators. International research may be indicative of the Australian climate. A 2003 US study found that over 95,000 calls were made to ambulance services due to domestic violence,¹² and a Canadian study found that 90% of paramedics reported attending a domestic violence case within the past 12 months.¹³ International research has also found that victims of IPV are more likely to arrive at hospital via ambulance than non-IPV patients.¹⁴ Furthermore there is a growing body of international literature which indicates that paramedics are often the first and sometimes the only out-of-hospital agency, medical or otherwise, with which IPV victims have contact.^{15–17} Research indicates that the initial contact with IPV victims is crucial as it often affects how they interact with other health care providers and agencies and therefore can either promote or discourage further action.¹⁶ Therefore paramedics are in a unique and perhaps critical position when it comes to the screening, reporting, and management of IPV to ensure the best outcomes for victims.

International studies have also shown that paramedics generally have a low knowledge of the definition, protocols, and legal requirements of IPV, and that education can increase knowledge.^{16,18} A survey of health care providers revealed that they believe education is the most important step to improving their response to IPV,¹⁶ and the Australian Medical Association (AMA) believe that paramedics and allied health professionals should receive IPV education.¹⁹ The apparent lack of education and poor out-of-hospital screening raises concerns that IPV may go largely undiscovered or unreported, trivialising the prevalence of IPV and obstructing greater expenditure to prevent future occurrences and protect victims. A study of domestic violence patients seen by paramedics in the US found that almost 1 in 4 women who called due to domestic violence refused transport,²⁰ thus paramedics did not report the occurrence to a hospital equipped to deal with IPV victims. Furthermore currently the screening of women by hospitals for IPV is only recommended where specific clinical criteria are present.²¹ Paramedics often assess patients in home environments and as such are in a unique position of being able to witness and handover clinical symptoms and other evidences to hospitals to ensure maximum discovery.

The present study was conducted with qualified paramedics working in Australia. For the past decade paramedics in Australia have undergone a three year bachelor degree from university whereas formerly paramedics were routinely trained by their employer, as a result the current employee base is a blend of university qualified and diploma holding paramedics. The vast majority of staff receive yearly continuous education, although to our knowledge there is generally no or limited IPV training. International studies have shown that well designed training will empower paramedics to more effectively and confidently address IPV.¹⁶ To our knowledge, no such studies have been undertaken in an Australian paramedic context. Therefore the aim of this study is to evaluate the level of basic knowledge and self-reported preparedness for IPV cases in a selection of Australian paramedics.

2. Methods

2.1. Design

A cross-sectional descriptive study design involving a paper-based questionnaire.

2.2. Participants

Professional Australian paramedics who participated in a 2-h IPV and sexual assault workshop provided data for this study over the period September–November 2011. Inclusion criteria was being an attendee of the workshop.

2.3. Instrumentation

This study utilised a 16 question questionnaire developed by Mason et al., which examined three sections: demographics, current practice, and knowledge about IPV.¹³ The survey used a combination of binary yes/no responses, 4-point Likert-scale (1 = All of the time and 4 = Not sure), and open-ended questions.

2.4. Procedures

At the beginning of the workshop attendees were invited to participate in this study. Attendees were provided with an explanatory statement and were informed that participation was voluntary and anonymous. The survey took attendees approximately 10 min to complete. No follow-up questionnaires were undertaken.

3. Results

Fifty paramedics took part in this study, a response rate of 100%. The mean age of the participants was 41.62 years, and the majority were male (64%). All participants were permanently employed either full or part time. All the participants worked in an area that serviced at least 100,000 people. All the participants had worked for at least 5 years, and the mean years of service was 15.27 years (see Table 1).

Of the participants 90% ($n = 45$) had responded to at least 1 call involving IPV in the last year, with the average number of calls being 3.66. One participant reported attending 20 cases of IPV and three reported attending 10 in the last year. Seventy two percent of the participants had attended IPV calls in the last year which were not dispatched as IPV. Less than one in four participants felt very prepared to attend an IPV case. When asked how often they thought IPV victims were transported to hospital 50% reported that they were never transported. Of the participant's most recent IPV case attended the majority of cases were reported to police (see Table 2).

Table 1
Participant demographic distribution.

Variable	Descriptor	N	Percentage (%)
Gender	Male	32	64.0
	Female	18	36.0
Age	20–29 years	2	4.0
	30–39 years	14	28.0
	40–49 years	26	52.0
	50–59 years	8	16.0
Years as a paramedic	0–9 years	11	22.0
	10–19 years	27	54.0
	20–29 years	8	16.0
	30–39 years	4	8.0
Previous education in IPV	Continuing education	22	44.0
	None	13	26.0
	Other	12	24.0
	Formal academic	3	6.0

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