

8.15 Response to Domestic Violence

Domestic violence is the willful intimidation, assault, battery, sexual assault, and/or other abusive behavior perpetrated by an intimate partner against another. It affects individuals in every community, regardless of age, gender, economic status, race, religion, nationality, or educational background. The consequences of domestic violence can cross generations and last a lifetime.

When domestic violence is suspected, the EMS provider should further assess the patient and take appropriate action in accordance with New Hampshire state law.

PURPOSE

To ensure that individuals affected by domestic violence are identified and provided with comprehensive medical and psychosocial interventions.

Indicators of Domestic Violence

The following are potential indicators of domestic violence. If the patient presents with one or more of these indicators, further assessment is warranted:

- The patient admits to past or present physical or emotional abuse, as a victim or witness.
- The patient denies physical abuse, but presents with unexplained bruises, whiplash injuries consistent with shaking, areas of erythema consistent with slap injuries, grab-marks on arms or neck, lacerations, burns, scars, fractures, or multiple injuries in various stages of healing, fractured mandible, or perforated tympanic membranes.
- The patient presents with injury sites suggestive of battering. Common injury sites include areas hidden by clothing or hair (e.g., face, head, chest, breasts, abdomen, and genitals).
- The extent or type of injury is inconsistent with the explanation offered by the patient.
- Pregnancy, which increases a woman's risk of domestic violence.
- The patient presents evidence of sexual assault or forced sexual actions by a partner.
- The partner (or suspected abuser) insists on staying close to the patient and may try to answer all questions directed to the patient.
- The patient is afraid of returning home or indicates concerns for safety of self, children, and/or pets.
- A substantial delay exists between the time of the injury and presentation for treatment.
- The patient describes the alleged "accident" in a hesitant, embarrassed, or evasive manner, or avoids eye contact.
- The patient has "psychosomatic" complaints such as panic attacks, anxiety, choking sensation, or depression.
- The patient has complaints of chronic pain (back or pelvic pain) with no substantiating physical evidence.
- The patient or partner has a history of psychiatric illness, alcohol, and/or drug abuse.
- The patient has a history of suicide attempts or suicidal ideation.
- Medical history reveals many "accidents" or remarks indicating that previous injuries were of suspicious origin.
- The patient has a history of self-induced abortions or multiple therapeutic abortions.
- The patient has a pattern of avoiding continuity in health care.

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Responsibility of EMS Provider

Domestic violence calls are among the most potentially dangerous to responding personnel.

- If EMS providers respond to a known domestic violence call and arrive prior to police, the providers should stage until police arrive and secure the scene.
- If EMS providers respond to an unknown call and suspect domestic violence on arrival, the providers should consider withdrawing, notifying police, and proceeding as above.
- Don't hesitate to return to the vehicle at any time to make decisions or notify police and/or Medical Control.

When Cleared to Proceed

- Clearly and simply identify yourself and your role. Use non-threatening body language and approach.
- Use a team approach. Designate one provider to observe for safety and one or more to work on the patient or discreetly assess children for injuries.
- Know where your partner is.
- Be aware of the surroundings:
 - The number and location of exits.
 - The number and location of people in the residence.
 - Potential weapons and hiding places.
 - Position rescuers with access to exit(s).
- Secure pets.
- Limit the number of people present (e.g., responders, neighbors, family).
- Let occupants lead down hallways or into stairwells or rooms. (Keep them in front.)
- Avoid treating a patient in a bedroom (only one exit, intimate setting, possible hidden weapons) or kitchen (many possible weapons).
- Use hard chairs rather than upholstered furniture as weapons are easily hidden among cushions.
- Attempt to separate the patient from the suspected batterer for treatment and/or questioning. If possible, move the patient to the ambulance to assess and treat, even if non-transport.
- If removing personal items from the patient for assessment purposes, place them in paper bags, if possible, to preserve evidence.
- Treat injuries according to appropriate protocol.
- Provide psychological support and offer the patient choices when possible to allow the patient to regain a sense of control.

Documentation and Reporting Responsibilities

Per NH RSA 631:6, a person must report to the police:

- Any gunshot wound or other serious bodily injuries caused by a criminal act.
- Any other injury he/she believes was caused by a criminal act, with the following exception:
 - If the patient is 18 years old or older and
 - If the injury was caused by sexual assault or domestic violence and
 - If it is **not** a gunshot wound or other serious bodily injury, the patient can refuse to have the information released to the police.

Policy Continues



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Children on scene

- Domestic violence is family violence and children and pets are often injured even when they are not the primary target of the abuse. Children should be carefully assessed for physical injury whenever adults are injured in a domestic violence incident, and/or if the scene suggests a mechanism of injury such as broken glass or furniture.
- If physically uninjured, children should be sheltered from further harm on scene, e.g., witnessing patient care, view of the crime scene, police interaction with the suspected abuser.
- Witnessing violence qualifies as child abuse and neglect and therefore mandates a report (see Child Abuse Reporting for more information.) A child who has witnessed violence will need care for potential emotional/psychological injuries, even if s/he has not suffered physical injury. The child should be put in the care of Law Enforcement until Child Protective Services (CPS) can be contacted and arrangements can be made for the child's safety. The procedure for contacting CPS can vary by regional office/police department. Discuss this scenario with local law enforcement in advance of an incident.
- An EMS provider may assist law enforcement with caring for the uninjured child/children until appropriate arrangements have been made by law enforcement.

Referrals

The NH Coalition Against Domestic and Sexual Violence (NHCADSV) is a network of 14 agencies across the State that supports survivors of domestic and sexual violence. Each agency offers the following free, confidential services:

- **24-Hour Domestic Violence Crisis Line: 1-866-644-3574.**
- **24-Hour Sexual Assault Crisis Line: 1-800-277-5570.**
- Emergency shelter and transportation.
- Legal advocacy.
- Hospital and court accompaniment.
- Information about public assistance.