

Victims of Violence for EMS Providers



Sacramento County EMS Agency

Thank you for watching Sacramento County EMS Agency's Victim of Violence Awareness Presentation for EMS Provider's.

You must pass a 10-question the post test receive 1-hour of continuing education. The test is located below the this PPT link on the SCEMSA website.

Thank you, again!

DISCLAIMER

The following content does not represent the case of any individual(s) or isolated event(s). The aim for this presentation is to the prevention of harm to victims, survivors as well as their loved ones, and to avoid perpetuating myths, prejudices and stereotypes that trivialize or justify sexual and/or domestic violence.

Some photos include explicit and various descriptions of violence and strangulation.

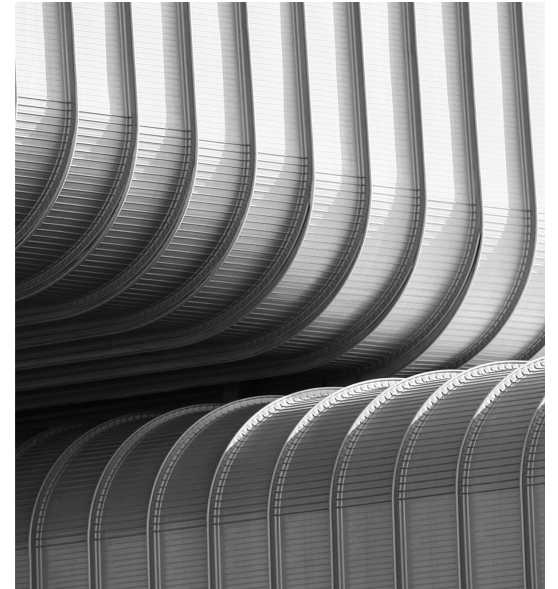
Acknowledgements

U.S. Department of
Justice Office on
Violence Against
Women

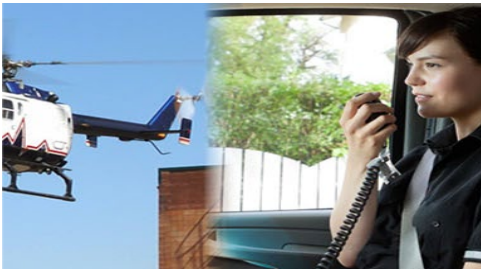
National Intimate
Partner and Sexual
Violence Survey
(NISVS)

Nevada Coalition to
END Domestic and
Sexual Violence
(NCEDSV)

Training Institute
on Strangulation
Prevention



The opinions, findings, conclusions, and recommendations expressed in this presentation expressed are those of the author and do not necessarily reflect the views of the U.S. Department of Justice, Violence Against Women, or Sacramento County



•It is critical that health care providers understand how to respond to victims of intimate partner violence including sexual assault by conducting health and safety assessments, interventions, documentation, and referrals.

Roles of EMTs and Paramedics

- Patient may be more candid with you than LE
- You may be the only witness to the home environment
- Assess and document injuries: Identification of Intimate Partner Violence (IPV) can be the FIRST STEP in interrupting the progress of violence
- You can empower the survivor/your patient with support to promote healing, reassure privacy & confidentiality, educational information, and community-based resources.



Objectives

- Determine scope of problem as it relates to EMS prehospital response;
- Define intimate partner violence (IPV) including sexual violence/assault;
- Identify the common medical conditions associated with IPV including sexual assault; and strangulation
- Introduce principals for an improved EMS response through a trauma-informed lens, to include safety for first responders, routine screening, intervention, documentation, evidence collection, and references to community sexual assault advocacy services.





Terminology

IPV & SA



Definition for Intimate Partner Violence (IPV)

IPV is a PATTERN of assaultive and coercive behaviors by a partner that may include:

- Inflicted physical injury
- Psychological/Emotional abuse
- Sexual assault
- Economic coercion
- Progressive social isolation
- Stalking
- Deprivation of medical care & medications
- No access to or destruction of assistive devices
- Intimidation/Threats

These behaviors can be committed by an adult or adolescent with the goal to establish or maintain POWER and CONTROL by one partner over the other. This can include both heterosexual and same-sex relationships and affects individuals regardless of age, or race.

Defining Sexual Violence

- A sexual act that is committed or attempted by another person **WITHOUT FREELY GIVEN CONSENT** of the victim or against someone who is unable to consent or refuse.
 - **Forced or alcohol/drug facilitated penetration** of a victim; forced or alcohol/drug facilitated incidents in which the victim was made to penetrate a perpetrator or someone else;
 - **Non-physically pressured unwanted penetration;**
 - **Intentional sexual touching; or**
 - **Non-contact acts of sexual nature**

Sexual Violence

Makes demeaning
remarks about intimate
body parts

Looks or touches the
partner sexually in ways
that make them feel
uncomfortable

Bruises around breasts or
genital area, vaginal/anal
bleeding, torn or bloody
underwear

Takes advantage of
physical/mental illness
or disability to engage in
sex

Sexual contact that is
forced (rape/sodomy)

Sexual assault/violent
actions meant to
humiliate, terrorize, and
degrade the victim

Sexual Violence

Coerced nudity;
exhibitionism
(masturbation, indecent
exposure)

Forces partner to watch
pornography on TV and/or the
computer – taking photos of
sexual acts that are explicit &
exploitative

Not using protection from
STIs

Using spiritual practices such
as doctoring & sweat lodges to
take advantage of closed
surroundings to commit sexual
acts.

Uses their status as spiritual
advisors or traditional healer
to engage in sex to “heal” the
woman or they will use...

...”bad” medicine against
them

Scope of the Problem

Statistics in the U. S.

Lifetime state estimates contact of sexual violence victimization by an IPV for U.S. Women range from 12.6% to 32.0% (48 states)

Lifetime state estimates contact of sexual violence an IVP for Men ranged from 5.8% to 12.8% (9 states).

Statistics - Pregnancy



- 40% of pregnant women who have been exposed to abuse report that their pregnancy was unintended, compared to just 8% of non-abused women. Hathaway et al 2000
- Approximately 1 in 5 young women said they experienced pregnancy coercion & 1 in 7 experienced active interference with contraception (birth control sabotage.)
National Crime Victim Survey 2005

Dynamics of the IPV Relationship



— IPV does not segregate



Demographics

Anyone can be a perpetrator or victim of IPV. They come from all groups, regardless of:

- Race/Ethnicity
- Culture
- Class
- Education
- Occupation
- Age
- Physical Ability
- Gender Identity
- Sexual Orientation
- Personality Traits

Power and Control Wheel

This wheel is gender-neutral and adapted from the Domestic Abuse Intervention Program, Duluth, MN in 1984.

Power and Control Wheel





Barriers for IPV Victims

Addressing the most common question, “Why don’t they just leave?”

“Why doesn’t my patient just Leave?”

- Example:

- “My doctor asked my why I just didn’t leave in a very irritated demeaning way. He looked at me like I was stupid. It never occurred to him that I had left, but my husband tracked me down again. He doesn’t know my husband keeps threatening to kill the kids if I leave. I am afraid and scared.”



Barriers to Leaving for IPV Victims

History of having received inappropriate **victim-blaming responses** from family & friends, faith leaders, healthcare providers, Law Enforcement, counselors

“Why don’t you just leave?”

“You are so stupid for staying with him, what did you do to deserve this?”

“You’ve made your own bed, now lie in it!”

“You need to pray about becoming a better wife.”

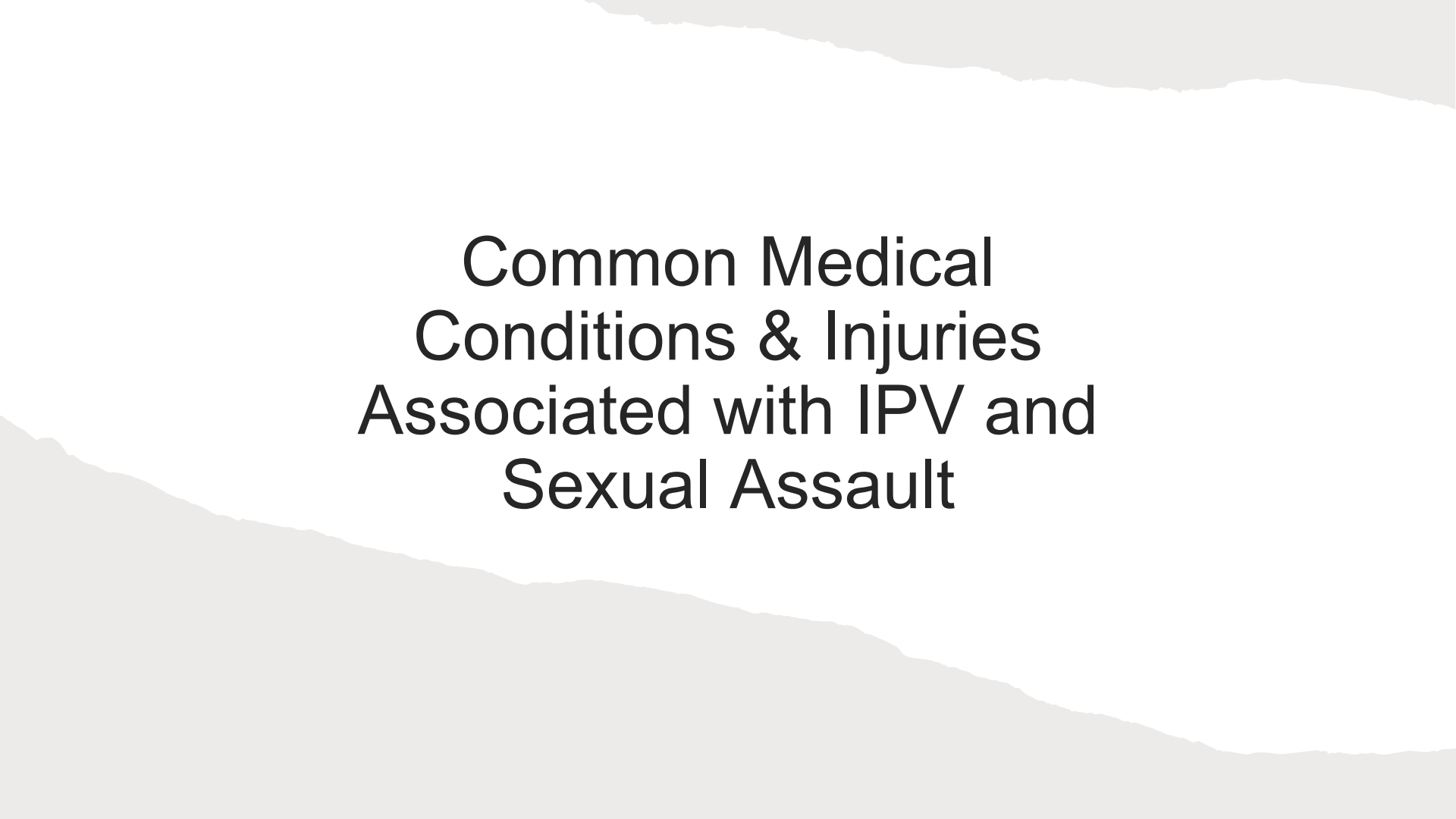
“Your role as a wife is to serve your husband and your family”

“Never deny your husband.”

Barriers to Leaving

- Without intervention, violent episodes tend to recur and escalate in intensity
- Typically, victims may leave 7-8 times before they perceive they are safe enough and establish resources to make the break
- DISABILITY: fear of losing health insurance, fear of institutionalization, physically restrained when denied access to wheelchair, no access to doctor, caregiver, and/or medication. If the victim has a disability, it may take on the average of 12 times before they feel safe enough and establish resources.

The most dangerous time for a victim, is when they decide to leave the relationship



Common Medical
Conditions & Injuries
Associated with IPV and
Sexual Assault

More than broken bones and black eyes



Common Medical Conditions

- Chronic back, chest, and abdominal pain
- Frequent, painful headaches – migraines
- Frequent indigestion, ulcers, diarrhea, or constipation, spastic colon-symptoms of IBS
- Chronic pelvic pain—sexual discomfort, sexual dysfunction and pelvic infection
- Multiple injuries in different stages of healing



Common Medical Conditions



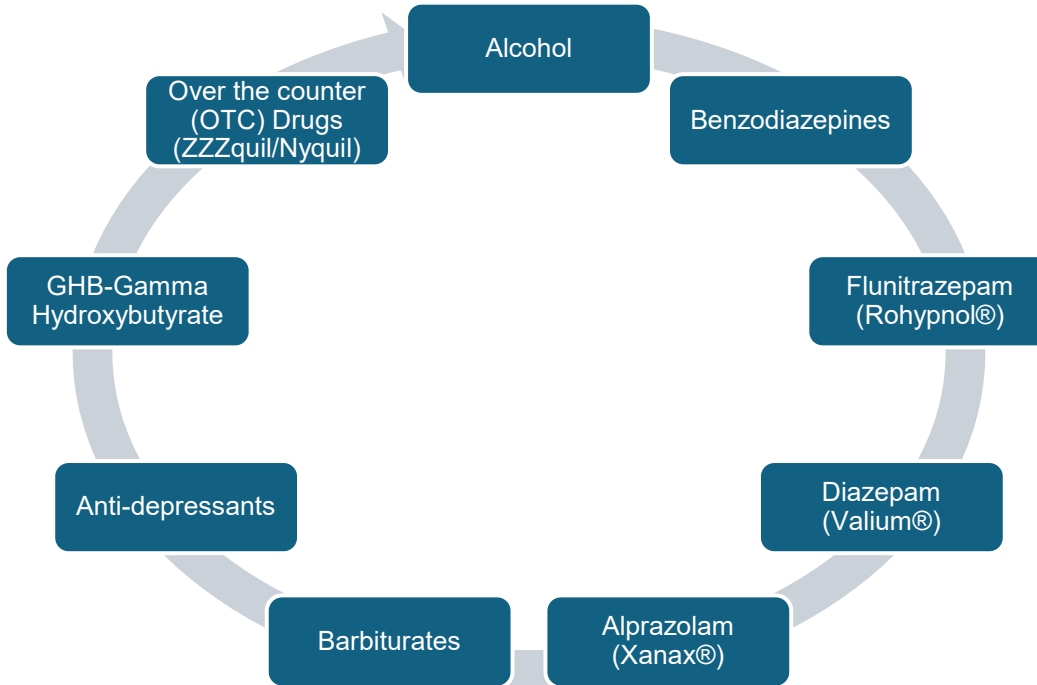
- Exacerbation of diabetes symptoms
- Anxiety, depression – “normal responses to abnormal, violent living conditions”
- Psychosomatic illnesses
- Sexually transmitted infections, HIV
- Depressed immune function
- High blood cholesterol, hypertension, heart attack heart disease and stroke

Drug/Alcohol Facilitated Sexual Assault (DFSA)



- Offender deliberately tries to induce a state of intoxication and /or incapacitation by administering substance without knowledge or consent
- Offender exploits voluntary intoxication or incapacitation

Common DFSA Drugs



Common Injury Presentations



Recurring or unexplained injuries; bruises

Multiple injuries in different stages of healing

Injuries in areas of defensive posture, such as forearm bruising

Injuries to head (spongy scalp), neck, breasts, or abdomen

Pattern injuries from burns or blunt trauma from fists, linear objects such as bats, belts etc.

Orofacial/Dental trauma

Injury during pregnancy



Abuse During Pregnancy Results in Complications:



- High Blood Pressure
- Vaginal Bleeding; 1st & 2nd trimester
- Severe nausea
- Kidney & urinary tract infections
- Low weight gain
- Anemia
- Maternal rates of depression
- Suicide attempts
- Tobacco, alcohol, & illicit drug use
- Miscarriage
- Preterm delivery

Strangulation & Traumatic Brain Injury (TBI)

Strangulation & TBI

- 40-92% of victims suffer physical injuries to the head;
- 50% report they have experienced strangulation.
- It takes 10 seconds for a victim to lose consciousness when being strangled.

Stages of Strangulation

Signs & Symptoms

Four Stages of Strangulation

Everyone reacts differently when going through each stage

1. Disbelief

1. Victim cannot believe their air or blood supply is being stopped

2. Realization

2. The victim realizes they are losing air and/or blood supply, often their thoughts are of survival, their family or children.

3. Primal

3. Victim fights with whatever means they have available to them to get air and/or blood flow back

4. Resignation

4. The victim gives up, feeling they can do nothing and go limp

During Stages of Strangulation

- Overwhelming feeling of helplessness
- Haunting experience
 - Realize you barely survived
 - But evil ever-threatening and ever present
- Frightening to know that someone who loves you is willing to kill you
- Constant feeling of doom, danger, terror



Signs & Symptoms of Strangulation

Signs and Symptoms

Strangulation

Breathing Changes

- Difficulty Breathing
- Hyperventilation
- Unable to breathe
- Labored or loud breathing with a particular hissing sound

Voice Changes

- Raspy Voice
- Hoarse voice
- Coughing
- Unable to speak

Swallowing changes

- Trouble swallowing
- Painful to swallow
- Neck pain
- Nausea/vomiting
- Drooling



- Redness
- Scratch marks or scrapes
- Bruises
- Abrasions
- Petechiae on the neck
- Thumbprint bruises
- Finger outline impressions
- Pattern injuries
- Erythema



Signs & Symptoms

- Manual strangulation – most common



Ligature marks
Rope Burns
Finger nail impressions
Claw marks
Swelling



- Ligature Strangulation
- Hanging

Signs & Symptoms



Capillary rupture, usually caused by the intermittent release from the neck

More than 2/3 of IPV victims are strangled at least once!
The average is 5.3 times per victim.

- Pronounced petechiae in the whites of the eyes and on the cheeks/face.
- Subconjunctival Hemorrhage or bloody red eyeball(s)

Signs & Symptoms

Ptosis (drooping of the eyelid)

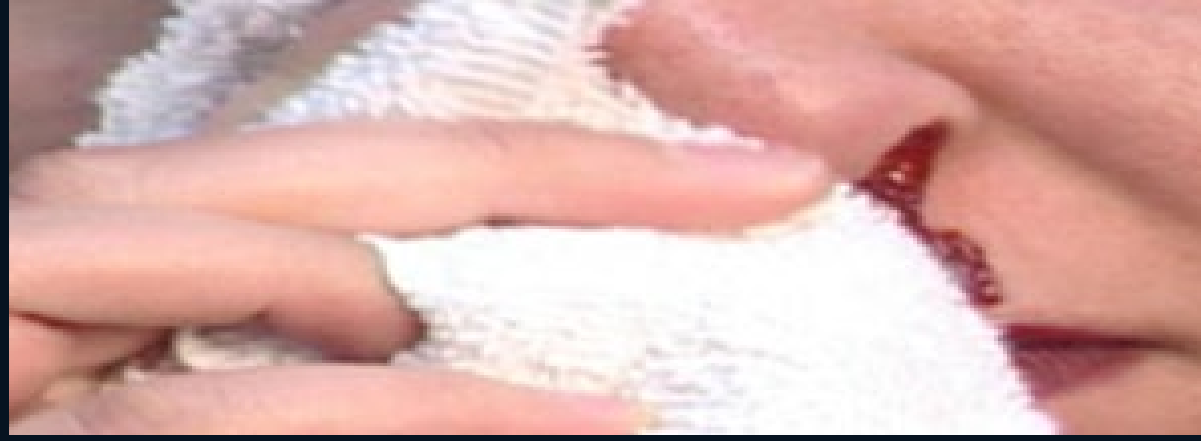


Petechiae to the right and/or left eyeball or eyelid

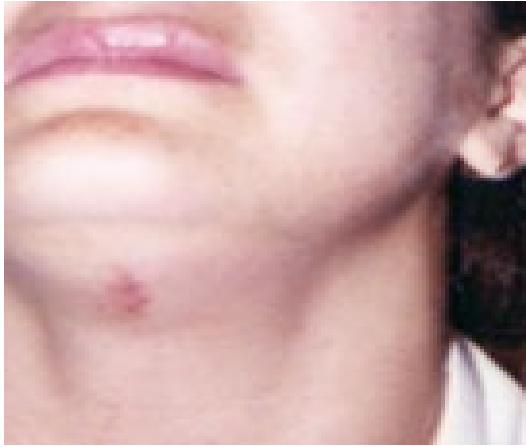
Red marks on nose are probably related to pinching of the nostrils

Ptosis to either eye

Signs & Symptoms



- Red or flushed face
- Pinpoint red spots-petechiae
 - If bumpy it's acne.
- May have petechiae on other parts of the face
- Bloody or broken nose



Signs & Symptoms

- Petechiae – external and/or in the ear canal
- Bleeding from ear canal
- Thumb print or finger bruising behind ear
- Swollen tongue
- Swollen lips
- Cuts/abrasions/scratches
- Bite marks
- Redness



Signs & Symptoms

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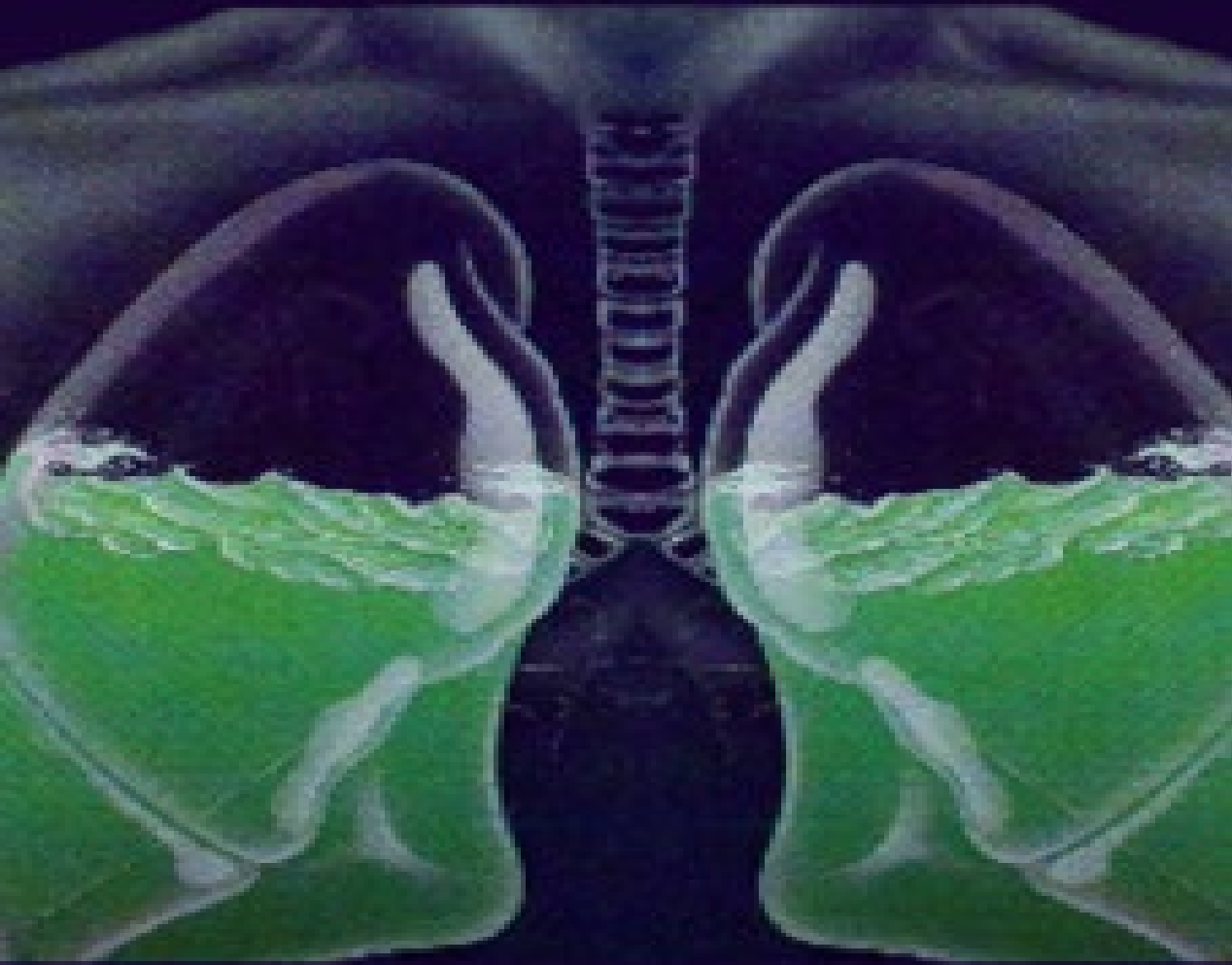
Other:

- Facial drooping (Left or right side)



- Petechiae on scalp
- Hair pulled
- Bump on head
- Skull fracture

Signs & Symptoms



Signs & Symptoms

- Lung Pulmonary Damage
- Pulmonary edema
- Aspiration pneumonitis
- Pneumonia
- Coughing up blood (hemoptysis)

Signs & Symptoms

Subtle signs of Concussion

Appears dazed,
stunned or
confused

Moves clumsily

Answers
questions slowly

Loses
consciousness
(even briefly)

Shows behavior
or personality
changes

Can't recall
events prior to or
after incident

Headache or
"pressure" in
head

Nausea or
vomiting

Balance
problems or
dizziness

Double vision or
blurry vision

Sensitivity to
light

Sensitivity to
noise

Feeling Sluggish,
hazy, foggy or
groggy

Concentration or
memory
problems

Confusion

Does not feel
right



Assess, Look, Listen and
Document!

Documentation & Reporting



EMS Injury Documentation For IPV

- **Great detail and accuracy!!!!**
- Double-check to make sure no errors
- Right/Left errors are common—reference patient’s right or left side
- Include soft tissue injuries, size, shape, type of injury such as abrasion, laceration or incision
- Patient’s report may be subpoenaed for court, and inaccuracies can be damaging – Never use terms like “alleged” or “supposed.” **If patient uses the term “rape” put in quotations.** Use your patient’s language.

Evidence Collecting & Documenting

Assessment, Care and Evidence Collection

- Medical Interventions may destroy evidence
- Recognize and preserve evidence whenever possible, even if questionable. EMS Providers may help maintain evidence collection in coordination with law enforcement.
- Save all evidence for ED nurse to collect, label and store
- Patient belongings should always be transferred to the receiving facility as possible evidence, and any possible evidence should be documented in ePCR.
- Chain of custody must be maintained, or evidence may not be admissible.
- Assess patient in a safe place
- Maintain awareness - Look for family members, caregivers or bystanders who exhibit anger. Their presence may hinder patient to receive care.
- Do not inspect genitals unless uncontrolled hemorrhage, trauma or severe pain present.
- Inspect injury sites hidden by clothing or hair, unexplained bruises, behaviors, passivity or aggression; compliant or fearful behavior for safety of self, children and/or pets, etc.

Evidence Collecting & Documenting

Treating Patient Cont'd

- Limit questions to pertinent medical information.
- If patient's clothing must be cut, cut off along seams. Avoid cutting through any tears, rips or soiled areas. Leave patients belongings with patient. Do not discard any items.
- Discourage patient from drinking, eating, smoking, or urinating until after hospital evaluation (medical screening exam upon arrival in ED). Urine may contain evidence of drug facilitated with sexual assault. If patient needs to use restroom prior to transport, advise patient to not "wipe".
- If adult patient refuses care of transport, document any care provided thoroughly, handle any evidence as you would if transporting, leave patient's belongings with patient. Provide patient with contact information for support line information how to request a Sexual Assault Response Team (SART) Advocate **WEAVE's 24/7** e at 916-920-2952. Addresses Domestic Violence, Sexual Assault and Sex Trafficking.

Contact hospital by telephone, when feasible to protect privacy of patient and family.

Common Care Principals

In any situation where EMS Personnel knows or reasonably suspects a person suffering from any wound or other physical injury inflicted upon the person where the injury is the result of assaultive or abusive conduct:

- Reasonable Effort will be made to transport patient to receiving hospital for evaluation.
- Immediately notify receiving hospital staff of your findings
- Document all pertinent observations on ePCRs
- Immediately contact appropriate agency if transporting to, and give verbal report
- Written report for child/elder abuse must be filed within 36 hours. (BCIA 8572)

Why does my patient refuse medical care? Or not want to report?





- **Without intervention, violent episodes tend to recur and escalate in intensity. Fear of what will happen next and who will be hurt now?**
- Paralyzing emotions: fear of being judged, viewed as liars, fear interrogation and forensic physical examination, cost of medical care, self-blame, too scared to fight
- For male victims, shame and secrecy. Male victims may question their sexual orientation because when a man is rectally assaulted, pressure on the prostate can produce an erection and even orgasm, which may be confusing to male victims. Creates fear & confusion.
- If college age, fear of getting punished for underage drinking and being re-victimized by criminal or college justice systems (Title IX)

Thank you!

- Resources:

- www.futureswithoutviolence.org/health/project-catalyst/
- www.HealthPartnersIPVE.org
- <https://www.weaveinc.org/>
- [Training Institute on Strangulation Prevention](#)
- American College of Emergency Physicians – ICV Case Study 2017 Information Paper
- New Hampshire Department of Safety, Division of Fire Standards and Training EMS –Crime Scene Preservation of Evidence, Strangulation, Victims of Violence
- www.workplacerespond.org