Paramedics in a supportive role for Intimate Partner Violence (IPV) victims

Paramedic Mini CAT – Fanshawe College

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Clinical Scenario:

Paramedics are called to a residence following a domestic disturbance. The perpetrator has been apprehended and police is on site. On arrival the sergeant in charge informs you that patient is a 28-year-old female. He also informs you that this is a residence that they get called to often however this is the first time there have been physical signs of abuse. As a responding paramedic are you able to provide sufficient support to the patient in this given situation?

Background

In Canada, 4 in 10 women reported to have experienced some sort of IPV (Statistics Canada, 2021). This represents a significant portion of our population; however, this is a prevalent issue globally. Paramedics have a unique opportunity to make contact with victims of violence who otherwise might find themselves in severely isolated situations. It is paramount that paramedics have the appropriate training, and attitudes when it comes to recognising and providing support to victims of intimate partner violence.
It is important to recognize that knowledge alone will not be enough to produce competent care providers for IPV victims.

Review Question:

Looking at paramedic preparedness and attitude to fill a supportive and recognition role for victims of intimate partner violence (IPV).

- **Population:** Victims of IPV
- **Context:** Recognition of IPV victims during emergency response calls
- **Concept:** Paramedics in a supportive role for IPV victims

Search Strategy (Basic):

(Paramedics OR EMS OR Prehospital OR Ambulance OR Emergency Medical Services) AND (Intimate Partner Violence OR Domestic Abuse OR Domestic Violence OR Partner Abuse OR Partner Violence) AND (Supportive Role OR Support OR Preparedness OR Social Support)
Concurrent search of MEDLINE and CINAHL

Limits:

Peer Reviewed; Abstract Available; English Language; Years limited from 2018 to 2022

Databases Searched: CINAHL and MEDLINE **Search Results:** 34

Included for review: 3 articles included.

Inclusion criteria looked at articles that specifically looked at pre-hospital emergency medical personnel and their preparedness and attitudes towards being in a role that supports intimate partner violence victims.

In this breadth, emergency department, hospital staff and non-domestic violence (i.e., other gender-based violence) based research was excluded

. Title – Authors – Year	Summary and Context of Study	Participant Characteristics	Study Design	Results	Outcomes and Implications	Strengths and Limitations
The knowledge, attitudes and preparedness of Australian paramedics to manage intimate partner violence patients – a pilot study Simon Sawyer, Angela Williams, Auston Rotheram, Brett Williams 2018	This study is geographically located in Australia. It has been recognized that victims of IPV are receptive to care that is performed in a non-judgmental and empathetic manner where the practitioner showed confidence in their skills and knowledge. In this breadth paramedics can play a vital role in supporting and recognizing victims of IPV. This study explores the knowledge, attitudes, and preparedness (KAP) of practising paramedics when it comes to dealing with victims of IPV.	**28 final participants** (response rate of 16.4%) Median age of 40 years. Voluntary participation from a convenience sample. They were recruited online and represented practising paramedics in a bachelor's degree conversion program in a single Australian University. The participants represent individuals across Australia including Victoria, New South Wales, Queensland, and Northern Territory.	**Survey design** Using a modified Physical Readiness to Manage Intimate Partner Violence Survey (modified PREMIS) Data collection was limited to a period of 3 months between September and December 201. SPSS version 18 was used to run the analysis of collected data. Data collected was analysed using a Shapiro-Wilk's test. Normal distribution was not present there for medians for the sub-scales (total of 5) from the survey were calculated.	Knowledge was broken into to two aspects: - **Actual Knowledge** (18 items with a maximum score of 38): Median was 25 (IQR = 21-28) which equated to 65.8% - **Perceived Knowledge** (employed 7 point Likert scale): Median score was 2.79 (IQR = 2.43-3.86) which puts them between minimal and slightly prepared With regards to **previous training** on IPV the results were as follows: - No training: 67.9% - Minimal training either online or a single lecture: 28.6% - Only 1 participant reported having skill-based training. The results on previous **personal experience** of IPV were as follows: - IPV against themselves: 29.4% in males and 55.6% in females. - IPV witnessed in their family: 53.6% Frequency of IPV calls: 89.3% believed they have encountered and IPV patient. Interestingly 10 .7% reported no experience with IPV	Based on the results of this study, it can be deduced that paramedics may lack KAP to properly manage IPV patients. With regards to knowledge the results seen were not surprising but not ideal for the work that needs to be done when it comes to supporting IPV patients. It is unsurprising given the lack of training reported by the participants of this study. These results also align with what is seen in paramedic students and allied healthcare professions. It points to a fundamental issue starting at the initial curricula that is being taught. Also, the lack of confidence in perceived knowledge could adversely impact the care provided to IPV patients as they may have a negative attitude towards the competence of the care they can provide. While the frequency of IPV calls in this participant group was consistent with previously reported numbers, it is important to recognise the under reporting of IPV due to the lack of recognition during calls.	**Strengths:** - The researchers made appropriate ethical considerations - The use of analysis methods and pivoting to use medians on non-normal distribution on the 5 subscales is an astute approach to look at the collected results. - The researchers made considerations of the limitations of their study (specifically participant group size) when doing analysis and reporting on findings. **Weaknesses:** - The small sample size presents an issue as it may not be representative of the larger population - Voluntary participation has an inherent bias due to personal experience - Despite the high internal consistency of modified PREMIS, it has not been fully validated for use in

				patients - they were all paramedics with 6-10 years of experience.		the studied population
Paramedics as a New Resource for Women Experiencing Intimate Partner Violence Simon Sawyer, Jan Coles, Angela Williams, Brett Williams 2018	This study is geographically located in Australia. Focuses on the importance of a coordinate response from paramedics when they encounter victims of IPV. At the time of this study, there was no standardized guideline available. It is believed that an effective system to support IPV victims can help break the cycle of violence. While this is based in Australia, the goal was to create a draft guideline that can be adapted worldwide.	**42 participants** Inclusion of experts in research & service delivery; healthcare professionals; specialty group advocates 40 participants were initially invited and told to suggest individuals that may not be include but should. 8 suggestions were made and 2 agreed to participate.	**Delphi Method** The base set of guidelines were built off the guideline set out by WHO in 2013 for health care professionals to deal with IPV patients. Alterations were made based on guidelines shared that were impractical for paramedic practice. The guidelines were shared along with a survey that had the responses - agree, abstain, and disagree. Based on the collated responses, guidelines were altered and shared for the next round of the survey. This process was repeated till there was complete consensus. Study participants had the option to be known or anonymous.	3 rounds of surveying and amendments were done to reach 100% consensus. Based on the results the final guideline document draft was broken in to 4 separate aspects. - **Recognize** – looking at the possible indicators of IPV - **Respond** – talking to the IPV victims - **Refer** – providing local accessible resources - **Record** – proper documentation of interaction including medical specifics	This guideline leaves space to not only be adopted in Australia but also worldwide. It is going to be important for effective educational programs and packages to be built out for paramedic practitioners. Education about how to interpret various signs of IPV or if it is not will have to be robust. **Recognition** is paramount in an effective response to IPV patients. In **responding** it will be important for paramedics to have the right attitude and ensure that they are alert, safe and that it is done privately. In consideration of the **refer** section of the guidelines. Resources should be local, well researched and have a proper procedure in place for it to be successful. **Records** are important as it will be important in legal proceedings but also having information on the response to IPV victims. This is a huge hole in our current awareness.	**Strengths:** - The number and types of experts included in the study allows for a comprehensive analysis of the suggested guidelines. - The authors were clear in the goal of this study and have clearly laid out the limitations of the study. **Weaknesses:** - Delphi method in its core has a limitation in the selection of participants as the list for reaching out is selected by the authors - There were certain aspects of the guideline that would benefit with a lot more research. This includes the effectiveness of paramedics employing suggested methods on the field
Relationship of knowledge about and attitudes towards violence	This study is geographically located in Turkey.	**1023 participants** Mean age 28.79 ± 6.66	**Descriptive study** Using ATVAWS (Attitudes towards Violence against	The mean scores were as follows: - ATVAWS: 46.68 ± 6.92 (min = 19; max = 95)	One of the key takeaways is that HPRSVAWS scores increased with age and the years of service. This shows a	**Strengths** - This study had a representative sample of the

with recognition of violence against women among health staff in pre-hospital emergency medical services Sureyya Gumussoy, Sevgul Donmez, Ali Eksi, Nursel Alp Dal 2021	The research looked at attitudes towards violence as this often gravely impacts intervention. It looks at the correlation between the lack of knowledge, attitudes and the competence of care provided by prehospital care providers. It also focused on the cultural values that perceive violence against women as "acceptable behavior".	They reached out to all the members of the Paramedic and Prehospital Emergency Medicine Association. Employed a simple random probability sampling method. The authors share that this sample of participants were representative of the population under question.	Women Scale) and HPRSVAWS (Health Staff's Recognition of Signs of Violence against Women Scale) Data collection between April and December 2019. Cross-sectional study. Analysis done using SPSS. Normal distribution analysed through Kolmogorov-Smirnov test. The correlation between variables (both dependant and independent) was calculated using T- & F- test and Pearson Correlation.	- HPRSVAWS: 20.31 ± 3.23 (min = 0; max = 31) Higher scores in ATVAWS were observed in participants who were males, married, lived in a village or town and between the age between 20 and 29. Conversely, high scores in HPRSVAWS were observed in participants who were female, had a master's degree, over 20 years of service and lived in the city. One of the key results also recognised is that males scored higher in ATVAWS and lower in HPRSAWS when compared to their female counterparts.	positive attitude towards victims of violence and often relates to better care provided. This above trend may be due to the increase of knowledge through experience, which challenges and helps recognize traditional attitudes. The move away from cultural acceptance of violence helps provide more competent care for victims. Higher scores in ATVAWS showed a more traditional approach to violence as something that is normalized It was also observed that those with personal experience of domestic violence scored higher in ATVAWS as culturally they may have accepted that violence is a normal part of their lives. This study emphasizes the need for recognition of personal attitudes in paramedic practitioners. It also shows that education early on can help curb the slow changes in attitude that come by experiential interventions through a long career.	population in question - The authors employed appropriate analysis of their data and ensured that ethical considerations and limitations were considered. **Weaknesses** - Participation was voluntary, and may have attracted participants with an agenda and may have purposely influenced their responses - As the surveys were performed online, there may have been areas of misunderstanding, miscommunication, and technical difficulties

Comments:

There is a severe lack of research on paramedic response to IPV victims in Ontario but also Canada at large in recent years. The studies included here have the breadth to provide a foundation for some of the research that should be done here in Canada.

It is also imperative that we recognize that it is not sufficient to make decisions based on research done in allied health care fields outside paramedicine. There is a huge impact on the care that is to be provided base on cultural and personal experiences of paramedics. So it is important too look within the paramedic field to understand shortcomings in attitude.

Considerations:

It is important to look in to demographical and experience-based impact on general attitude of paramedics in their response to victims of IPV. There also needs to be special consideration on the perceived effectiveness of paramedic provided resources from the point of view from IPV victims.

It would also be ideal to produce a validated survey that can be used to recognize knowledge attitudes and preparedness of paramedics. Research to specifically build out a data collection survey would be an important next step.

While education is of utmost importance in building up attitudes and competence of responders, it is important to have checks and balances to look at the efficacy of the programs in place. It is also important to consider the cultural implication and personal bias against victims of IPV so that paramedics can actively avoid negative impacts on the care that is being provided.

Clinical bottom line:

It is important for Paramedics to be able to have the right attitudes and feel comfortable in their knowledge on IPV. It is important that curricula and services give special consideration to this topic and ensure that it is not an after thought. It is also important to make paramedics aware of the resources that they can connect victims of IPV. It would be beneficial to set up standardized approaches to IPV response provincially and provide guidance to local services on how to customize it.

Paramedics may be the only interaction with a possible health care resource that IPV victims may encounter. There is a responsibility that every paramedic holds in every interaction with patients. To be successful, paramedics need to be provided the appropriate tools to be able to be competent care providers to victims of IPV.

References:

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APPENDIX: Breakdown of Search Strategy

#	Query	Limiters/Expanders	Last Run Via	Results
S18	S6 AND S12 AND S17	Limiters - Abstract Available; English Language; Peer Reviewed Narrow by Language: - english Search modes - Find any of my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text;MEDLINE	34
S17	S13 OR S14 OR S15 OR S16	Expanders - Apply related words; Apply equivalent subjects Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text;MEDLINE	301,080
S16	social support	Limiters - Published Date: 20180101-20221231; English Language; Peer Reviewed; Human; Language: English Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text;MEDLINE	27,735
S15	preparedness	Limiters - Published Date: 20180101-20221231; English Language; Peer Reviewed; Human; Language: English Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text;MEDLINE	7,483
S14	support	Limiters - Published Date: 20180101-20221231; English Language; Peer Reviewed; Human; Language: English Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text;MEDLINE	294,945
S13	supportive role	Limiters - Published Date: 20180101-20221231; English Language; Peer Reviewed; Human; Language: English Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text;MEDLINE	606
S12	S7 OR S8 OR S9 OR S10 OR S11	Expanders - Apply related words; Apply equivalent subjects Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text;MEDLINE	52,780
S11	partner violence	Expanders - Apply related words; Apply equivalent subjects Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search	29,988

			Database - CINAHL Plus with Full Text;MEDLINE	
S10	partner abuse	Expanders - Apply related words; Apply equivalent subjects Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text;MEDLINE	23,707
S9	domestic violence	Expanders - Apply related words; Apply equivalent subjects Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text;MEDLINE	25,265
S8	domestic abuse	Expanders - Apply related words; Apply equivalent subjects Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text;MEDLINE	19,164
S7	intimate partner violence	Expanders - Apply related words; Apply equivalent subjects Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text;MEDLINE	34,082
S6	S1 OR S2 OR S3 OR S4 OR S5	Expanders - Apply related words; Apply equivalent subjects Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text;MEDLINE	220,461
S5	emergency medical services	Expanders - Apply related words; Apply equivalent subjects Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text;MEDLINE	167,060
S4	ambulance	Expanders - Apply related words; Apply equivalent subjects Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text;MEDLINE	28,489
S3	prehospital	Expanders - Apply related words; Apply equivalent subjects Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search	37,617

			Database - CINAHL Plus with Full Text;MEDLINE	
S2	EMS	Expanders - Apply related words; Apply equivalent subjects Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text;MEDLINE	70,636
S1	Paramedics	Expanders - Apply related words; Apply equivalent subjects Search modes - Find all my search terms	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - CINAHL Plus with Full Text;MEDLINE	31,783