


P-05 DOMESTIC (ADULT) VIOLENCE/NEGLECT	Combined: Family Violence (old P-02) and Domestic Violence (old P-R2)	
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Purpose


- Domestic violence is physical, sexual, or psychological abuse and/or intimidation, which attempts to control another person in a current or former family, dating, or household relationship. The recognition, reporting, and referral of abuse is a critical step to improving patient safety and preventing further abuse.
- Elder abuse is the physical and / or mental injury, sexual abuse, negligent treatment, or maltreatment of a senior citizen by another person. Abuse may be at the hand of a caregiver, spouse, neighbor, or adult child of the patient. The recognition of abuse and proper reporting is critical to improve the health and well-being of senior citizens.
- Assessment of an abuse case based upon the following principles:
 - **Protect** the patient from harm, while protecting EMS from harm and liability.
 - **Suspect** that the patient may be a victim of abuse, especially if the injury / illness is not consistent with the reported history.
 - **Respect** the privacy of the patient and family.
 - **Collect** as much information as possible and preserve physical evidence.

STAY SAFE!

- Always assess and reassess the scene
- Involve law enforcement before approaching if there is any concern of personal safety
- If possible remove the patient from the situation and transport

Consider Family Violence if any of the following are noted:

- Fear of household member
- Reluctance to respond when questioned
- Unusual isolation, unhealthy, unsafe living environment
- Poor personal hygiene/inappropriate clothing
- Conflicting accounts of the incident
- History inconsistent with injury or illness

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Procedure - Assessment

1. Assess the / all patient(s) for any **psychological characteristics of abuse**, including excessive passivity, compliant or fearful behavior, excessive aggression, violent tendencies, excessive crying, behavioral disorders, substance abuse, medical non-compliance, or repeated EMS requests. This is typically best done in private with the patient.
2. Assess the patient for any **physical signs of abuse**, especially any injuries that are inconsistent with the reported mechanism of injury. The back, chest, abdomen, genitals, arms, legs, face, and scalp are common sites for abusive injuries. Defensive injuries (e.g. to forearms), and injuries during pregnancy are also suggestive of abuse. Injuries in different stages of healing may indicate repeated episodes of violence.
3. Assess all patients for **signs and symptoms of neglect**, including inappropriate level of clothing for weather, inadequate hygiene, absence of attentive caregiver(s), or physical signs of malnutrition.
4. Assess all patients for **signs of sexual abuse**, including torn, stained, or bloody underclothing, unexplained injuries, pregnancy, or sexually transmitted diseases.


NOTES:

Direct questions to ask when alone with the patient and time available:

1. Has anyone at home ever hurt you?
2. Has anyone at home touched you without your consent?
3. Has anyone ever made you do things you didn't want to do?
4. Has anyone taken things that were yours without asking?
5. Has anyone scolded or threatened you?
6. Are you afraid of anyone at home?

Document unspoken warning signs and symptoms:

- Injury to soft tissue areas that are normally protected
- Bruise/burn in the shape of an object
- Bite marks
- Multiple bruising in various stages of healing

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Procedure - Reporting

- Immediately report any suspicious findings to the receiving hospital (if transported). This should occur in person with either the patient’s nurse or the facility charge nurse/administrator. This information should not be provided over the radio.
- If the patient (victim) is not transported, or if there are other individuals/bystanders that you have any concern for, contact your Supervisor immediately to notify the Department of Social Services (DSS) or Adult Protective Services (APS).

Procedure - Documenting

1. Clearly document reported histories:
 - a. Utilize **exact quotations** as much as possible.
 - b. Note who stated what, especially if there are discrepancies in between the different parties involved or if reports of the event change over time.
 - c. Document any concerning findings in the scene that may indicate physical altercation or signs of neglect.
2. Clearly document physical exam findings.
3. Document clinical decision making and treatments, but never document accusations as a confirmed assessment--this will be decided by the judicial system.
4. Document to whom (and when) and suspicions were reported (hospital staff, law enforcement, supervisor, etc.).

RESOURCES

- Sexual Assault Guideline [P-05]
- Domestic Violence Hotline: 1-800-799-SAFE (7233)