I. **PREFACE**

Abuse, neglect, and interpersonal (domestic) violence may be one of the most frustrating problems faced by emergency personnel. Differentiating physical abuse from accidental injuries is a primary responsibility of health care providers. Specific documentation and reporting of suspicions to appropriate persons and/or agencies can result in corrective action and are essential elements of prehospital case management for these patients.

II. **Illinois Domestic Violence Act definitions**

A. **Domestic violence:** Physical abuse, harassment, intimidation of a dependent, interference with personal liberty or willful deprivation, but does not include reasonable direction of a minor child by a parent or person in loco parentis.

1. **Harassment:** Knowing conduct which is not necessary to accomplish a purpose that is reasonable under the circumstances; would cause a reasonable person emotional distress; and does cause emotional distress to the petitioner. The following types of conduct shall be presumed to cause emotional distress:

   a. Creating a disturbance at the victim's place of work or school;

   b. Repeatedly calling the victim's place of work or residence;

   c. Repeatedly following the victim about in public places or spaces;

   d. Repeatedly keeping the victim under surveillance by remaining outside the home, school, work, vehicle or any other places occupied by the victim or by peering in the victim's windows:

   e. Threatening physical force, confinement or restraint on one or more occasions;

   f. Improperly concealing a minor child from the victim, repeatedly threatening to improperly remove a minor child of the victim's from the jurisdiction or physical care of the victim, repeatedly threatening to conceal a minor child from the victim, or making a single such threat following an actual or attempted improper removal or concealment, unless the respondent was fleeing an incident or pattern of domestic violence.

2. **Interference with personal liberty**: Committing or threatening physical abuse, harassment, intimidation or willful deprivation so as to compel another to engage in conduct from which he or she has a right to abstain or to refrain from conduct in which she or he has a right to engage.

3. **Intimidation of a dependent**: Subjecting a person who is dependent because of age, health or disability to participation in or the witnessing of: physical force against another or physical confinement or restraint of another which constitutes physical abuse as defined in the Act, regardless of whether the abused person is a family or household member.

4. **"Physical abuse"** includes sexual abuse and means any of the following:

   a. knowing or reckless use of physical force, confinement or restraint;
   b. knowing, repeated and unnecessary sleep deprivation; or
   c. knowing or reckless conduct which creates an immediate risk of physical harm.

5. **Domestic battery**: Causing bodily harm to any family or household member as detailed under the Act.

6. **Aggravated battery**: Intentional harm to an individual using a weapon.

7. **Willful deprivation**: Willfully denying a person who because of age, health or disability requires medication, medical care, shelter, accessible shelter or services, food, therapeutic device, or other physical assistance, and thereby exposing that person to the risk of physical, mental or emotional harm, except with regard to medical care or treatment when the dependent person has expressed an intent to forego such medical care or treatment.

B. **Family or Household Members**: Spouses, former spouses, parents, children, stepchildren, and other persons related by blood or by present or prior marriage, persons who share or formerly had a common dwelling, persons who have or allegedly have had a child in common, persons who have or have had a dating or engagement relationship, and persons with disabilities and their personal assistants.

C. **Neglect** means the failure to exercise that degree of care toward a high-risk adult with disabilities which a reasonable person would exercise under the circumstances and includes but is not limited to:

1. The failure to take reasonable steps to protect a high-=risk adult with disabilities from acts of abuse;
2. The repeated, careless, imposition of unreasonable confinement;
3. The failure to provide food, shelter, clothing, and personal hygiene to a high-risk adult with disabilities who requires such assistance;
4. The failure to provide medical and rehabilitative care for the physical and mental health needs of a high-risk adult with disabilities; or
5. The failure to protect a high-risk adult with disabilities from health and safety hazards.

D. **Order of Protection**: An emergency order, interim order or plenary order, granted pursuant to this Act which includes any and all remedies authorized by the Act. This order is signed by a judge and requires an abusive household or a family member to perform or to refrain from certain actions.

III. POLICY

Illinois law requires that EMTs shall offer to a person suspected to be a victim of domestic violence and abuse immediate and adequate information regarding professional services available to victims of abuse. All system members shall be aware of, and carry information on the services available to these victims of domestic abuse within their services area (Section 60/401 of the Illinois Domestic Violence Act of 1992). Generally, this is the only role designated for prehospital healthcare workers.

IV. PROCEDURE

A. EMTs should use every precaution when responding to any domestic violence incident, including a violation of an order of protection. The chances for violence increase when deadly weapons are present.

B. EMTs shall **consider the possibility of domestic violence on all women/girls who present with** one or more of the following:

1. Treatment of trauma unrelated to a MVC, especially those with stab wounds, accidental facial injuries, stress reactions, and recurrent chest pain, even if the initial complaint is not related to domestic violence.
2. Suicide attempts or homicidal assaults.
3. Repeated injuries or injuries that are difficult to account for as accidental. Many women are beat while they are pregnant.

4. Visits to health care facilities for vague complaints or acute anxiety with no reported injuries. Psychiatric hospitalizations for anxiety or depression.
5. Strokes in young women, often caused by blows to the head or damage to the neck arteries due to strangulation.
6. Isolation of the woman – no access to money, the car or other forms of transportation, to family or friends, to jobs or school.
7. Woman referring frequently to her partner's anger or temper.
8. Fears of being harmed or harming the partner.
9. Terror or reluctance on the part of the victim to speak to those in authority because of reprisals from the abusers. Protecting the assailant from those in authority.
10. Frequent fleeing from her home.
11. The abuser's bullying or verbally abusive public behavior.
12. The abuser's attempts to threats to psychiatrically hospitalize the woman and convince you of her insanity.
13. Public docility and respectability and private aggression by the batterer.

C. **Decision tree**

1. If an EMS responder suspects that a minor has been abused either physically or emotionally, refer to policy V-2 Suspected Child Abuse and Neglect.
2. Safety of the EMS team must be a first priority. Seek the assistance of local law enforcement officers.
3. The immediate medical needs of the patient must be addressed and then the following steps should be taken.
4. If domestic abuse or interpersonal violence is suspected, it is important to safely isolate the patient (victim) from the alleged perpetrator. Try to sequester the patient so their answers can be provided in private, out of the hearing of the possible abuser.
5. If EMS personnel suspect that a patient is a victim of domestic violence or th e patient admits to abuse, access the Violence Resource Guide (in the ambulance). It contains a resource listing to be given to the patient, physical examination guidelines, routine questions that are commonly asked of interpersonal violence victims, the System SOP on Abuse and System Violence policies.
6. Obtain a patient history. Do not pursue an abuse line of questioning if it appears that their public answers could be overheard and place him or her at risk of more harm. If answers can be provided in private, ask the patient if their illness or injury may have been caused by physical or emotional abuse.
7. The primary goal in dealing with any victim of domestic abuse is empowerment. Give the victim the strength and determination to get out of the situation. This can be accomplished by sharing your observations, by agreeing that what is happening is wrong or just be listening in a warm and accepting manner. Ask the victim direct and non-threatening questions and avoid suggesting that the victim leave the abusing partner.
8. Explain the availability of resources and give him or her a copy of the Resource listing. Watch for signs of depression, suicidal thoughts and post-traumatic stress.

9. All EMS personnel who have identified that a patient is a possible victim of domestic violence should following the Abuse SOP and report their suspicions to the receiving hospital ED personnel.

D. **Documentation:** The patient care report should include the following:

1. **Past medical history**: History of falls or "accident prone" injuries;
2. **Social history**: History of any substance abuse by the patient or partner;
3. **Chief complaint**: The patient's own words enclosed in quotation marks.
4. **Physical exam**: A detailed description of the patient's injuries: type, extent, age, and location. Use a body chart when possible. Include details such as torn clothing, smeared make-up, broken fingernails, scratches and bruises in the comments section.
5. Document anything that might allow you to remember the patient's attitude, face, and experience at a later date.
6. Include the names of all EMS personnel who examined or talked with the victim on the patient care report.
7. Include names and/or star numbers of all law enforcement personnel on the scene.

E. **Admissibility**: The EMS patient care report will be admissible as evidence if:

1. it was made during the "regular course of business";
2. it was made in accordance with routinely followed procedures; and/or
3. it was stored properly and access is limited per System policy.

F. Assure the patient that any information disclosed during the course of the examination is confidential.

Appendix:

- Domestic Violence suggested history questions
- Domestic Violence physical exam guidelines
- Domestic Violence Resource Information
- Barriers facing healthcare providers from asking about domestic violence

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