

## Submission to Royal Commission on DV

My name is [REDACTED] I am a paramedic working in [REDACTED] and a PhD student with [REDACTED] researching the paramedic response to intimate partner violence (IPV). As one of the few researchers in Australia examining any domestic violence (DV) topic from a paramedic perspective I felt that I should submit a short review of the current paramedic related research, as well as my own research. While the following is related specifically to paramedics, there is a significant cross over with other allied health professions, and therefore much of this research may be related to a far wider spectrum of health care professionals who encounter domestic violence patients but do not provide any specific treatment.

### Current paramedic related research:

- There are no robust studies which demonstrate a clear link between paramedics and DV patients due to insufficient data collection, however there are several studies (include one from Australia) which indicate a high likelihood that paramedics frequently encounter DV (1) (2, 3), and that they are more likely to arrive at hospital via ambulance than non-DV patients (4).
- Despite this paramedics in Australia generally receive no training on recognition and referral of DV patients, nor does any of the 8 ambulance services operating in Australia have comprehensive protocols to guide paramedic management of IPV patients.
- There is also evidence from the US that DV patients are less likely to be transported to hospital than non DV patients (5), and therefore paramedics they may have become a barrier to patients being recognised and referred to DV assistance.

### [REDACTED] research:

- The national plan to reduce violence to women and their children calls for greater education for front line health care workers, such as paramedics. Previously [REDACTED] published a review of the national plan with opportunities for Australian ambulance services to improve their response(6).
- [REDACTED] research examines how paramedics could improve their response to IPV through creating an evidence based protocol and education package. Currently [REDACTED] finalising the first draft of a protocol and educational package that has been designed to allow paramedics to identify the potential for IPV and provide referral options to patients. The approach I have taken allows both the protocol and educational package to be easily adapted to other allied health professions. [REDACTED] publish this work in the second half of the year.
- I believe that this approach will, if taken up by multiple health professions (such as dentists, physiotherapists, OTs, etc...) create far more opportunities for DV patients to be recognised and referred to definitive care.

### Summary

I believe that conclusions drawn by the royal commission should include the provisions to ensure that paramedics are provided with appropriate education and tools to recognise and refer DV patients, and that each ambulance service should create their own DV policies. As a paramedic I have personally witnessed several instances of IPV (I am sure there have been many more that I have not recognised as IPV) and I have never addressed this with a patient due to the lack of training and organisational policy and from personal conversations with colleagues this appears to be the norm.

### Thank you

### References

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3. Mason R, Schwartz B, Burgess R, Irwin E. Emergency Medical Services: a resource for victims of domestic violence? *EMJ*. 2010;27(7):561-4.
4. Datner EM, Shofer FS, Parmele K, Stahmer SA, Mechem CC. Utilization of the 911 system as an identifier of domestic violence. *Am J Emerg Med*. 1999;17:560-5.
5. Husni ME, Linden JA, Tibbles C. Domestic Violence and Out-of-hospital Providers: A Potential Resource to Protect Battered Women. *Acad Emerg Med*. 2000;7(3):243-8.
6. Sawyer S, Coles J, Williams A, Williams B. Preventing and reducing the impacts of intimate partner violence: Opportunities for Australian ambulance services. *Emerg Med Australas*. 2015.