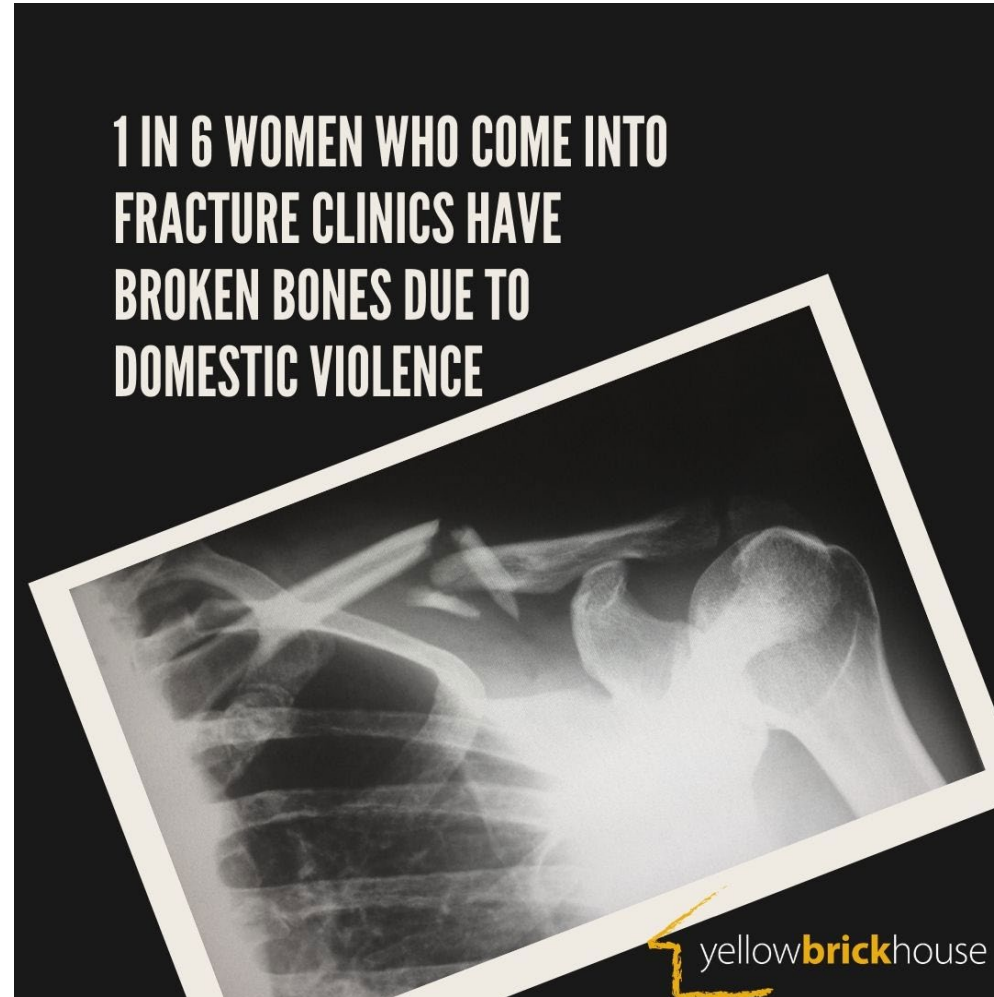


# **Domestic Violence**

## **Intimate Partner Violence**

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**LEADING CAUSE OF NON-FATAL INJURY TO WOMEN WORLDWIDE.**

# Objectives

- **Definition and Cycle of Abuse**
- **Who is at risk**
- **Epidemiology**
- **Evaluation**
  - Learn to identify abuse
  - Initiating a screening program
- **Understand the impact on the patients well being**
  - Asking questions to get meaningful answers, and make a difference
- **Provide patients with resources**
- **Familiarize you with the legal aspects, including reporting requirements**

# Intimate Partner Violence (IPV) Definition

**AAOS defines IPV as violence that “occurs between any two individuals with either a current or former ‘close’ relationship ... It includes acts of rape, physical and psychological violence and stalking”**

# Intimate Partner Violence Prevalence

**The lifetime prevalence of severe, physical intimate-partner violence is more than 22% for women and—perhaps surprisingly to some—14% for men.**

**Many of these incidents will take place at knife point or a gun point.**

# Intimate Partner Violence Prevalence

**Sexual violence perpetrated by an intimate partner will harm 15.8% of women and 9.5% of men**

# Intimate Partner Violence Prevalence

**5 million women and several million men per year are assaulted by a partner**

**25% (>12 million) women will be abused by a partner in their lifetime**

**30% of female murder victims perpetrated by current partner or ex-husband**



# Intimate Partner Violence Prevalence

**Data from 1996 published by the Federal Bureau of Investigation indicate that 51% of all murdered women were killed by someone they knew, and 30% were slain by a husband, ex-husband or boyfriend.**

**As many as 35% of women visiting hospital emergency departments for trauma care are there as a result of injuries caused by intimate partner violence**



# The Cycle of Intimate Partner Violence

**Stage 1: begins with verbal abuse, criticism and mild physical abuse. The victim usually feels this is a result of their behavior and may attempt to appease the abuser to prevent any further issues**

**Stage 2: abuser's tension builds and this lead to the first incident where the victim is battered. The victim usually attempts to excuse the incident.**

**Stage 3: abuser will apologize and attempt to show remorse and discuss efforts to improve. The victim will accept this and feel the abuser in going to change**

**This cycle usually repeats itself and becomes worse with time.**

# Intimate Partner Violence: The Abuse

★ Psychological or emotional abuse

★ Physical abuse

★ Sexual abuse

# Forms of abuse

***Musculoskeletal trauma is second in frequency only to head and neck injury in terms of the patterns of harm caused by intimate partner violence incidents***

# Forms of abuse

- **Physical abuse**
  - ...Pushing
  - ...shoving
  - ...slapping
  - ...punching
  - ...kicking
  - ...choking
- **Assault with a weapon**
- **Restraining a victim**



# Forms of abuse

## Psychological or Emotional Abuse

- Threats of harm
- Physical and social isolation
- Extreme jealousy and possessiveness
- Deprivation
- Degradation and humiliation
- Intimidation



# Forms of Abuse

## Sexual abuse

- ...Sexual acts against one's will**
- ...Pursuing sexual activity when one is not fully conscious**
- ...Hurting one physically during sex**
- ...Coercing one to have sex without protection against pregnancy or sexually transmissible diseases**
- ...Criticizing one and calling them sexually degrading names**

**Unfortunately, domestic violence usually escalates in severity and frequency and you may be the difference!!**

# Who is at risk?

**Both men and women are at risk for domestic violence**



# High Risk Groups

- Single females
- Separated or divorced females
- Pregnant females
- 17-28 year old females
- Alcohol or drug abuse

*“Just remember, abuse can occur in any socioeconomic group, race, or religion”*

# Identifying Intimate Partner Violence

**75%** of battered women first identified in a medical setting will go on to suffer repeated abuse

# Misconceptions

- **87% of orthopaedic surgeons who participated in a Canada-wide study believed that women victims of IPV accounted for less than 1% of patients in their care**
- **9% of the respondents believed that inquiring about IPV was an invasion of the patient's privacy**
- **11% believed that ruling out IPV as the cause of injury was not part of their duty**

# Misconceptions

**153 US surgeon members of the Orthopaedic Trauma Association believed that**

- 1) victims must be getting something out of the abusive relationships (16%)**
- 2) some women have personalities that cause the abuse (20%)**
- 3) the battering would stop if the batterer quit abusing alcohol (40%).**

# Identifying Intimate Partner Violence

**Only about one orthopaedic surgeon in every 25 screens patients for this threat!**

# Case Presentation

**A 47-year-old woman visiting the ED is complaining of pain in her left forearm. She claims to have fallen against a wardrobe.**

**Physical Exam:**

- purple-blue discoloration of the left forearm which is deformed**
- yellow discoloration around the left eye and forehead**



# Case Presentation



Radiographs of left forearm

# Identifying Intimate Partner Violence

**If the explanation of the injury is not plausible or does not make sense this should alert the physician to inquire further and consider intimate partner abuse**



# Identifying Intimate Partner Violence

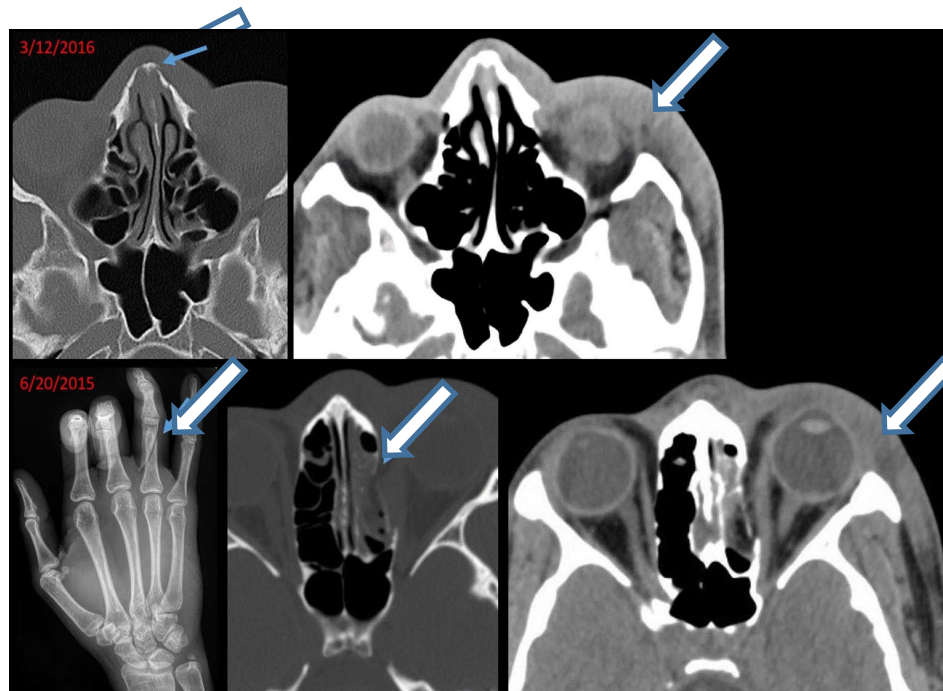
**Common types of injury include:**

- **Contusions**
- **Abrasions, and minor lacerations**
- **Fractures or sprains, in different stages**
- **Injuries to the head, neck, chest, breasts, and abdomen**
- **Injuries during pregnancy**
- **Multiple sites or repeated injuries**

# Case Presentation

**21-year-old woman, who presented soft tissue swelling of the left lateral face. When questioned she states she fell and hit her face on a door.**

**Past history from EMR: 9 months ago had an oblique fracture of the right ring finger proximal phalanx, blowout fracture of the medial wall of the left orbit**



# Identifying Intimate Partner Violence

- **The presence of old and acute fractures may be pivotal in making the diagnosis of intimate partner violence.**
- **Injuries to uncommon spots such as the eye, side of the face, throat and neck, upper arms and upper legs, mouth, outer side of the hand, back, hair on head, shoulder and chest, genitals, and buttocks**

# PRAISE STUDY ( Intimate Partner violence)

<u>Type of Injury</u>	<u>Total Responses</u>	<u>No IPV</u>	<u>IPV</u>
<b>Fracture</b>	1,800 (65%)	1,512 (65%)	<b>288 (64%)</b>
<b>Sprain/Strain</b>	261 (9%)	231 (10%)	<b>30 (7%)</b>
<b>Dislocation</b>	96 (3%)	78 (3%)	<b>18 (4%)</b>
Patient was Unsure	120 (4%)	103 (4%)	17 (4%)
Other	400 (14%)	319 (14%)	81 (18%)
More than one	111 (4%)	94 (4%)	17 (4%)

The Lancet Volume 382, Issue 9895, 7–13 September 2013, Pages 866-876

# Identifying Intimate Partner Violence

- Chronic pain, psychogenic pain, or pain without visible evidence
- Anxiety disorders, or depression
- Chronic headaches
- Abdominal and gastrointestinal complaints
- Frequent visits with vague complaints and no physiologic diagnosis

*The stress of ongoing abuse causes physiologic symptoms*

# Identifying Intimate Partner Violence

**Initiate Screening programs**

**Routinely ask questions about abuse, this can be done by nurses initiating the visit**

**Interview the patient alone**

*“Because I have come to realize that abuse is so prevalent in women’s lives I have begun to routinely ask about this issue”*

# How to Interview the Patient

- **Interviewing should be done outside the presence of others.**
- **If the patient is not a native speaker of English or is hearing- or speech-impaired, a hospital translator or other neutral communication facilitator should be used instead of a family member.**
- **Begin with direct questions**

# How to Interview the Patient

**“Are you or have you been in a relationship in which you were hurt or threatened by your partner? “**

**“Are you in a relationship in which you were treated badly? “**

**“Has your partner ever threatened or abused your children? “**

**“Has your partner ever forced you to have sex when you didn’t want to? “**



# Effective Follow up Questions

**“Do you feel safe at home?”**

**“Did someone hit you?”**

**“Is it safe for you to go home?”**

**“Do you ever feel you are in danger?”**

# Ineffective questions

**“Why haven’t you left?”**

**“Do you get something out of the violence?”**

**“Did you do anything that caused your partner to hit you?”**

**“Could you have done anything to avoid or defuse the situation?”**

***Remember you as a physician treating a patient may be the only one to stop the cycle of violence !!!!!***

# Understand how this affects the victim

Texas Council On  
FAMILY VIOLENCE

Over Thirty Years of Building a Safer Texas



**The Texas Council on Family Violence offers some striking statistics to characterize the experiences that await her**

- 1. The highest risk for serious injury or death occurs when a battered woman is leaving or has left her violent partner.**
- 2. Of employed battered women, 74% are harassed by their abusive domestic partners at work, either in person or over the telephone. This frequently results in their being late to work or missing work altogether, and 20% eventually lose their jobs.**

# Understand how this affects the victim

Texas Council On  
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The Texas Council on Family Violence offers some striking statistics to characterize the experiences that await her

- 3. As many as 50% of all homeless women and children in this country are fleeing domestic violence**
- 4. Battered women injuries are at least as serious as injuries suffered in 90% of violent felony crimes, yet under state laws, these injuries are almost always classified as misdemeanors**

# Understand How this affects the victim

## OUT OF 1000 ASSAULT AND BATTERY CRIMES:

**627** are reported to police<sup>i</sup>



**255** reports lead to arrest<sup>ii</sup>



**105** cases get referred to prosecutors<sup>ii</sup>



**41** cases will lead to a felony conviction<sup>iii</sup>



**33** criminals will be incarcerated<sup>iii</sup>



National Sexual Assault Hotline | 800.656.HOPE | [online.rainn.org](http://online.rainn.org)  
Please visit [rainn.org/statistics/criminal-justice-system](http://rainn.org/statistics/criminal-justice-system) for full citation.<sup>1</sup>



**Studies do show that screening alone does not necessarily lead to improvements in any meaningful outcomes for patients, and perhaps a more rigorous “active” intervention is warranted.**

*Bhandari M, J Trauma. 2006*

# Managing Intimate Partner Violence

**Listen to the patient and validate what the patient is telling you.**

**It is imperative that the physician inquire about a battered woman's safety before she leaves the medical setting.**



# Managing Intimate Partner Violence

## Plan for the care of domestic violence victims in advance

- Obtain literature from local agencies and have it available
- Train office and fracture clinic staff in the management of patients with intimate partner violence
- Make information available to patients such as hotlines, local agencies and shelters

The National Domestic Violence Hotline (800-799-SAFE) is a 24-hour resource to help women find local shelters.



# Managing Intimate Partner Violence

**Know the medical legal rules of your state**

# Managing Intimate Partner Violence

## JCAHO guidelines

Since 1992, the Joint Commission on Accreditation of Health Care Organizations has required :

- A. Hospitals form a plan for the identification, assessment, and treatment of abuse victims of all ages in the emergency department
- B. Maintain a current list of community-based and private agencies equipped to deal with family violence

# Managing Intimate Partner Violence

## The Orthopaedic Surgeon's Role

- Identification of victims
- Documentation of injuries
- Inquiry about safety
- Activation of community services

# Managing Intimate Partner Violence

## Physicians Role: How to Document

- Document the abuse in the history of illness
- If possible take photographs or draw the injuries on a body figure (with the patient's permission)
- Document your opinion of the injuries
- Do not disclose a diagnosis of abuse to an outside party without consent of the patient. *(Unless the state has a mandatory reporting statute.)*

# Conclusion

**1. Be aware that IPV affects about one in six of the women whom you treat.**

**2. Screen for violence**

**“Because violence is so common in many women’s lives, and because there is help available for women being abused, I now ask every patient about domestic violence.”**

# Conclusion

**3. Follow with three validated questions:**

**(a) Have you been hit, kicked, punched, or otherwise hurt by someone in the past year?**

**(b) Do you feel safe in your current relationship?**

**(c) Is there a partner from a previous relationship who is making you feel unsafe now?**

# Conclusion

**4. If a patient discloses IPV, be supportive and validate the disclosure; tell them that the abuse is not their fault.**

**5. Become familiar with local resources, including hospital/clinic social services and community-based resources. National Domestic Violence Hotline (1-800-799-SAFE) in the United States or visit [sheltersafe.ca](http://sheltersafe.ca) in Canada.**

**6. If reporting is not mandatory in your jurisdiction and no children are at risk, always ensure that you have the patient's permission to contact outside services like police or shelters.**