

# Orthopaedic surgeons' roles in the identification and management of injuries related to intimate partner violence

Gregory J. Della Rocca, MD, PhD, MBA, FACS

# Objectives

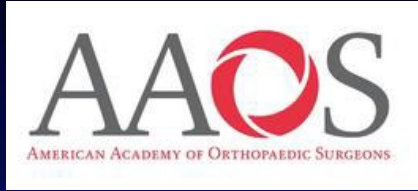
- Discuss the prevalence of intimate partner violence among injured female orthopaedic patients
- Discuss the need for interventions in the outpatient setting

# Intimate partner violence and medicine

- Victims of IPV utilize health services at higher rates than women who have not been abused
- Health care professionals are in a good position to identify and assist victims of IPV
- Estimates of abuse among ER patients vary between 14-41%, but only 12-17% have abuse documented in medical record
- ER physicians seldom identify these victims (multiple refs)
- Very little IPV research in orthopaedics, despite substantial IPV research in other medical disciplines

# Intimate partner violence and orthopaedics

- Orthopaedic surgeons:
  - Providers of musculoskeletal care and first-contact health care practitioners for many patients
  - Establish ongoing relationships with their patients in the outpatient clinical setting
  - Have multiple opportunities to help victims of IPV



# AAOS statement

## Guidelines:

1. Appropriately **screen** for problems of domestic violence and document them in the medical record
  2. **Assess and assure** the safety of the victim
  3. Appropriately **treat** victims
  4. Take steps to **prevent** further harm
- Escalation of physical violence is a key factor for intimate partner homicide
  - Top cause of death 2002-2009 after domestic violence in North America was trauma (42%)
  - We should inquire about injury mechanism and violence in home/relationship

# What do we know about IPV in ortho?

- 144 physical injuries in 263 abused women
- Fractures, dislocations, sprains 2<sup>nd</sup> most common injury
  - After head/neck injuries
- 12-17% of victims had their experiences documented in the medical record

*The Journal of TRAUMA® Injury, Infection, and Critical Care*

## **Musculoskeletal Manifestations of Physical Abuse After Intimate Partner Violence**

*Mohit Bhandari MD, MSc, Sonia Dosanjh MSW, Paul Tornetta III, MD, and David Matthews, PsyD,  
On Behalf of the Violence Against Women Health Research Collaborative*

2006

# What do (did) orthopaedic surgeons think? (studies published 2008 and 2013)

- Responders: 91% men
- 95% said <10% of their patients were victims of IPV
- 80% believed it was very rare <1%
- 56% had seen at least one case
- Victims (misperceptions):
  - likely to leave the abusive relationship
  - personalities predispose them to abuse
  - ‘get something’ from the abusive relationship
  - choose to be victims
  - and batterers responsible

## **(Mis)Perceptions About Intimate Partner Violence in Women Presenting for Orthopaedic Care: A Survey of Canadian Orthopaedic Surgeons**

Mohit Bhandari, Sheila Sprague, Paul Tornetta, III, Valerie D'Aurora, Emil Schemitsch, Heather Shearer, Ole Brink, David Mathews, Sonia Dosanjh and on Behalf of the Violence Against Women Health Research Collaborative  
*J Bone Joint Surg Am.* 2008;90:1590-1597. doi:10.2106/JBJS.G.01188

## **Orthopaedic Surgeons' Knowledge and Misconceptions in the Identification of Intimate Partner Violence Against Women**

Gregory J. Della Rocca MD, PhD, FACS,  
Sheila Sprague MSc, Sonia Dosanjh MSW,  
Emil H. Schemitsch MD, FRCS(C), Mohit Bhandari MD, PhD, FRCS(C)

# What is the prevalence?



- PRAISE (PRevalence of Abuse and Intimate partner violence Surgical Evaluation)
- International prospective study of nearly 3,000 women in orthopaedic clinics presenting for evaluation of a musculoskeletal injury
  - Most injuries were of the lower extremity (52%) and most common mechanism was a fall (36%)

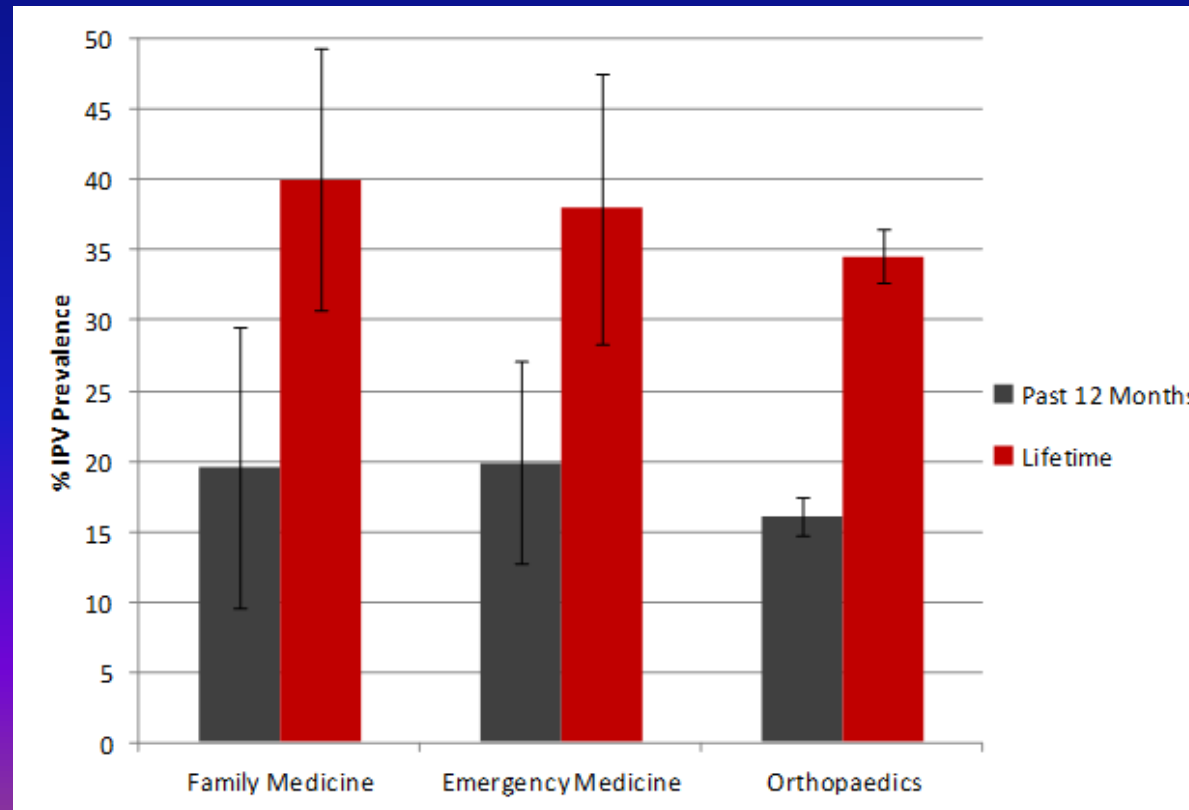


# Prevalence

- Prevalence of IPV in 12 months preceding injury: 16% (1 in 6)
- Lifetime prevalence of IPV: 35% (>1 in 3)
- Acute IPV prevalence
  - 1 in 50 women (2%) presented with injuries as a direct result of IPV
  - 80% of the acutely abused women were treated for fractures
- Previous Experiences
  - Few patients (6%) had previously been asked about IPV in another medical setting
  - Only 14% of acutely abused women had previously been asked about IPV
  - Women do not mind being asked about IPV

# Prevalence

- Estimated prevalence of IPV in PRAISE was similar to family and emergency medicine



# Who to Ask about IPV

- Being a woman is the strongest single predictor for becoming a victim of IPV
- IPV affects women of all races, ethnicities, socioeconomic statuses, ages, and relationship statuses
- The best way to identify IPV consistently is to ask all female patients



# Which HCP Should Ask About IPV

- Orthopaedic surgeons are well positioned to ask patients about IPV
- They often see patients multiple times and develop trusting relationships which help to facilitate disclosures



# Which HCP Should Ask About IPV

- However, other HCPs in the clinic can also be designated to ask about IPV with proper training
- Trainees such as medical students and residents, or HCPs such as nurses, x-ray technicians, or cast technicians may be well suited
- It may be helpful to designate specific individuals in clinic to ask patients about IPV
- This helps ensure all patients are asked once per visit, but not more

# When to Ask about IPV

- Ask about IPV at anytime during visit
- Develop a routine conversation starter that is comfortable and fits with your practice
- Women may need to be asked at each visit before they feel comfortable enough to disclose IPV





# Where to Ask about IPV

- Ensure environment is safe (e.g. no others present, including partners)
- If partners won't leave make a statement reflective of routine practise
  - “As part of my practice I make sure I meet with all of my patients alone for a few minutes, in case they are having any complications from their injuries that they prefer to discuss alone. Can I please ask you to wait in the waiting room and your wife will be right out?”
  - “Mrs. Smith, I’m going to have the technician take you for an x-ray now. Mr. Smith, can you please wait in the waiting room and I’ll have the technician come and get you in a few minutes when your wife is finished with her x-ray.”

# How to Ask about IPV

- Be confident, non-judgmental, and avoid stigmatizing terms (e.g. abuse, battered)
- Injuries suggestive of IPV
  - “The injuries you have suggest to me that someone hurt you. Is that possible?”
  - “In my experience, women often get these kind of injuries when someone has hurt them. Has this happened to you?”



# How to Ask about IPV

- Injuries not suggestive of IPV
  - “Violence can be a problem in many women's lives, so I now ask every female patient I see about their safety in their relationships. Do you feel safe in your relationship?”
  - “From my experience, I know that being hurt physically or emotionally at home is a problem for many women. Is it a problem for you in any way?”
  - “We know violence in the home affects many women and directly affects health. Have you ever experienced being hurt physically or emotionally at home?”

# If IPV is Not Disclosed

- The patient may not be experiencing IPV, or may not be ready to disclose
  - If IPV is not disclosed, *accept the response* and *do not push for a disclosure*
- If you feel a patient is saying “no” because she is not ready to disclose, make a general statement
  - e.g. “Sometimes women are afraid to tell someone that they are being hurt, but if this is happening to you, I want you to know that there is help available and I can help you access it in the future if you like.”

# The key

- The outpatient clinic is a touchpoint for orthopaedic surgeons with their patients
  - Pilot of social work resources in orthopaedic clinics
- Episodes like the COVID-19 pandemic resulted in shuttering of outpatient clinics
- Telehealth may not provide the necessary privacy for the victim to disclose a history of IPV (and the surgeon may not know if the batterer is present or not)
- We need to have mechanisms to maintain these resources in case of local, national, or international emergencies