Prevalence of Abuse and Intimate Partner Violence Surgical Evaluation

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On behalf of the PRAISE Investigators

Disclosures

• Consultant: Synthes, Bioventus
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- Thunder Bay
- QEII Health Sciences Ctr
- Foothills Medical Center
- Royal Columbian Hospital
- University of Missouri
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Introduction

- Increased appreciation of the importance of intimate partner violence (IPV) as a serious public health problem
- Also known as domestic violence, spouse abuse, and battering
- AMA definition:
  - a pattern of coercive behaviors that may include repeated battering and injury, psychological abuse, sexual assault, progressive social isolation, economic deprivation, and intimidation
Introduction

• Intimate partner violence occurs in all countries, irrespective of social, economic, religious or cultural groups.
• Although women can be violent in relationships with men, and violence also occurs in same-sex partnerships, the overwhelming burden of partner violence is borne by women at the hands of men.

Introduction

It is about power and control, and is not gender neutral

Introduction

• Why doesn’t the woman leave the relationship?
Costs of leaving

Results indicate that costs continue long after leaving, and call for recognition in policy that leaving does not coincide with ending violence.

Human costs

- Her mental, physical, sexual health
- His mental health
- Higher rate of mental health disorders among children of IPV victims
- Children may become parentless after intimate partner homicide (batterer goes to prison)
- Children are at higher risk of murder in an IPV home

Social costs

- Increased homelessness
- Increased youth homelessness
- Increased crime
- Decreased human potential
- Decreased economic output (GDP)
- Decreased social integration
- Increased societal costs (healthcare, incarceration)
IPV in orthopaedics

- Very little IPV research in orthopaedics, despite substantial IPV research in other medical disciplines

Introduction

- Victims of IPV utilize health services at higher rates than women who have not been abused
- Health care providers are in a good position to identify and assist victims of IPV
Introduction

- 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
  

Introduction

- Orthopaedic surgeons are providers of musculoskeletal care and first-contact health care practitioners for many patients

- Establish ongoing relationships with their patients

- Have the opportunity to help victims of IPV

Introduction

- The COA and the AAOS have developed position statements on IPV
Introduction

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

Surgeon perceptions?

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

- 186 Canadian orthopaedic surgeons responded to survey
- 95% believed that <10% of their patients were victims of IPV
- 80% believed that <1% of their patients were victims of IPV
- Misperceptions:
  - Screening for IPV is an invasion of privacy (23%)
  - Investigating IPV is not the surgeon’s duty (33%)
  - Victims of IPV play a role in their victimization (19%)
  - Victims choose to be victims (14%)
Surgeon perceptions?

• 153 surgeon members of OTA surveyed
• 74% felt that IPV victims represented <5% of injured female patients
• Misperceptions:
  – Victims are getting something out of the relationship (16%)
  – Some women’s personalities cause the abuse (20%)
  – The battering would stop if the batterer quit using alcohol (40%)

So, what is the prevalence of IPV among female fracture clinic patients?
Study design

Survey of prevalence

• Orthopaedic fracture clinics, female patients presenting with injury
• Clinical sites in North America, Europe, India
• Validated questionnaires:
  – WAST (Woman Abuse Screening Tool)
  – PVS (Partner Violence Screen)
• Objective: quantify prevalence of abuse in last 12 months and lifetimes
• Target 3600 patients

Prevalence in Ontario

The Prevalence of Intimate Partner Violence across Orthopaedic Fracture Clinics in Ontario

By the P.R.A.I.S.E. Investigators

Investigators performed at St. Michael's Hospital, Women's College Hospital, and St. Michael's Hospital, Toronto, Ontario, Canada


Ontario pilot

- 282 women in two fracture clinics
- Prevalence of IPV within previous 12 months: 32% (95% CI 26.4%-37.2%)
- 24 women (8.5%) revealed physical abuse within last 12 months
- 7 women (2.5%) presented with injuries directly resulting from abuse
- None of the 24 women with physical abuse within 12 months was asked about abuse by an orthopaedic surgeon

International prevalence

Prevalence of abuse and intimate partner violence surgical evaluation (PRAISE) in orthopaedic fracture clinics: a multinational prevalence study

PRAISE investigators

- 2945 patients across 12 centers
- 85% response rate among female patients
  - Patients had to fill out questionnaire in private and therefore be able to separate themselves from those accompanying them to clinic
- 16% experienced IPV during past year
- 35% experienced IPV during lifetimes
- 49 women (1.7%) presented as a direct consequence of physical violence
  - Only 7 of them had been asked about IPV

PRAISE definitive trial
PRAISE definitive trial – physical abuse statistics

<table>
<thead>
<tr>
<th>Country/Region</th>
<th>% (95% CI)</th>
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<tbody>
<tr>
<td></td>
<td>Acute</td>
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<tr>
<td>Canada/USA</td>
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<tr>
<td>Acute</td>
<td>1.6 (1.3–2.0)</td>
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<tr>
<td>Past 12 months</td>
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<tr>
<td>Lifetime</td>
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<tr>
<td>Denmark/Netherlands</td>
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<tr>
<td>Acute</td>
<td>2.0 (1.3–3.2)</td>
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<td>Past 12 months</td>
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<td>Lifetime</td>
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<td>India</td>
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<tr>
<td>Acute</td>
<td>0.6 (0.4–0.9)</td>
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<tr>
<td>Past 12 months</td>
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<td>Lifetime</td>
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PRAISE definitive trial

• 1/6 of women have experienced IPV within past year  
  – Similar to prior meta-analyses
• 1/50 of women present as a direct consequence of IPV
• IPV more likely in younger women who are unmarried, are in short-term relationships, and/or have no children

Stereotypes - caution

• Although this study reveals certain factors associated with increased risk of IPV, all women are potentially at risk.
Screening for IPV

Barriers to screening

- Time
- Lack of resources/protocols
- Lack of privacy
- Don’t know what to do
- Misconceptions
  - Abuse is rare
  - Patients don’t want to be asked about IPV
- Fear
- Personal discomfort with topic

Developing a screening program

- Who should we ask?
  - Recommend asking all women about IPV
  - Little evidence exists, and few support services exist, for asking men
  - Difficult to determine a priori who is at risk of being or becoming a victim
  - Universal screening contributes to changing social attitudes regarding domestic abuse
  - Universal screening decreases stigmatization, increases safety relative to selective screening, and avoids incorrect stereotype-driven processes
Developing a screening program

• Who should do the asking?
  – Ideally, a social worker or an “IPV coordinator” in all fracture clinics
    • This would require financial resources and policy changes
    • But, surgeons can do something too

Developing a screening program

• How should we ask?
  – AMA recommendation: three questions from WAST (Women Abuse Screening Tool)
    • Easy to understand
    • Easy to answer directly

Developing a screening program

• How should we ask?
  – Downloadable iPhone app (R3 app)
    – Quick, easy, convenient
  – HITS questionnaire – 4 questions, 1-5 scale
  – Resources/hotlines/information
Developing a screening program

- HITS questionnaire:
  - How often does your partner physically hurt you?
  - How often does your partner insult or talk down to you?
  - How often does your partner threaten to harm you?
  - How often does your partner scream or curse at you?

- 91% efficacy in determining if a patient is in an abusive relationship

Developing a screening program

- Educational toolkits (under development at McMaster)
- IPV awareness
  - Posters
  - Buttons
  - iPhone apps

Developing a screening program

- Know your resources
- 1-800-799-SAFE
Things to consider

- Minimize harm, maximize benefit
- Need to ensure patient privacy and confidentiality
- Be aware of safety issues
- Be aware that not all victims of IPV are ready to disclose
- Support resources are available

What can you do?

- Be aware of IPV when speaking with patients
- Educate yourself

Awareness is key!

- Escalation of physical violence is a key factor for intimate partner homicide
- We should inquire about injury mechanism and violence in home/relationship
Thank you