Intimate partner violence in orthopaedic trauma patients
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Chapter 1

Introduction and Outline
Background and Current Knowledge

Intimate partner violence (IPV), also known as domestic violence, spouse abuse, battering, or partner violence is a serious problem that affects millions of people around the world. The Center for Disease Control defines the term "intimate partner violence" as physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy. The American Medical Association defines IPV as a pattern of coercive behaviours that include repeated battering and injury, psychological abuse, sexual assault, progressive social isolation, deprivation, and intimidation. Intimate partner violence may vary in frequency and severity and it often occurs on a continuum, ranging from one hit that may or may not impact the victim to chronic or severe battering.

A recent study on women’s health and domestic violence published by the World Health Organization (WHO), estimated the extent of physical and sexual IPV against women in 15 sites in ten countries. This study found that the reported lifetime prevalence of physical or sexual abuse, or both, varied from 15 percent to 71 percent, with six of the 15 sites having reported rates between 50 percent and 75 percent. Between 1999 and 2004 approximately 653,000 women in Canada were either physically or sexually abused. Domestic violence is one of the most common reasons why police services are called. Forty to 60 percent of murders in North America are perpetrated by intimate partners and in less-industrialized countries rates may be even higher.

Intimate partner violence is a significant social determinant of morbidity and mortality. Consequences of IPV include health problems such as injury, chronic pain, gastrointestinal symptoms and illnesses (i.e. loss of appetite, eating disorders, irritable bowel syndrome), depression, gynaecological illnesses (i.e. urinary tract infections, pelvic pain), cardiac symptoms (hypertension and chest pain) and post-traumatic stress disorder. Previous research has found that abused women have more anxiety, insomnia, and social dysfunction than those who are not victims of IPV. Analyses of medical care use by women have found poorer overall mental and physical health, more injuries, resulting in a higher use of medical care including admissions to the hospital and prescription medications in IPV victims compared to women who have not been abused.

A recent report by Statistics Canada found that just under one-quarter (22 percent) of IPV victims receiving help stated that the incident came to the attention of the police, suggesting that the police are not able to detect and help a large proportion of IPV victims. Health care professionals and the health care system are an important gateway to care for IPV victims; however, without active screening, IPV victims may not be identified by health care professionals.

Many health care professionals believe that patients who are victims of IPV are identified and successfully assisted in the emergency room and consequently IPV is not their concern and is therefore out of their scope of practice. Unfortunately, the emergency room is often not the optimal setting for a woman to feel safe enough to disclose IPV. Disclosure of IPV in a health care setting may be influenced by multiple factors including the patient's physical and emotional readiness, the type of clinical setting, and a sense of trust in a particular caregiver. Victims of IPV may not be emotionally or physically ready to disclose when they are in an acute crisis, as they may be focused on receiving care for their injuries and they may be worried about their children being taken or hurt. Moreover, the interaction with the health care professionals in the emergency room may be too brief to form a bond of trust with the patient. Other health
care professionals frequently see victims of IPV for routine appointments that are either related to or unrelated to their IPV and they can consequently play a vital role in detecting IPV. For example, obstetrics and gynaecology specialists as well as family practitioners have successfully implemented screening programs for IPV. These health care professionals are well-suited to identify and assist women who are experiencing IPV as they are in an optimal position to gain comprehensive information on a patient’s history, including mental and physical health, and possibly link physical symptoms with abuse.

Many of the women who present to the emergency room are referred to other specialties for treatment of their injuries. Women with serious injuries, including dislocations and fractures, are almost always referred to a specialist, such as an orthopaedic surgeon. This referral offers a secondary opportunity for screening for IPV. Bhandari et al. recently conducted a study looking at the physical manifestations of IPV and found that musculoskeletal injuries are commonly seen in victims of IPV, with fractures and dislocations comprising the majority of these injuries. Orthopaedic surgeons traditionally do not actively screen their patients for IPV; however, they may be well positioned to help identify and manage victims of IPV in the fracture clinic setting.

Towards an Evidence-Based Approach to IPV in Trauma and Orthopaedics

Substantial research has been conducted on IPV over the past few decades, but very little research has focused on IPV in the field of orthopaedics. This thesis originates from the lack of an understanding of IPV in orthopaedic patients as well as the desire to further help victims of IPV. The overall long-term goal of our work is to develop a successful, evidence-based screening program, with appropriate treatment options, for IPV victims in fracture clinics across the globe. At the initiation of this thesis, a number of important questions were identified, including determining the prevalence of IPV in patients presenting to fracture clinics as opposed to other medical specialties, and assessing the role and willingness of orthopaedic surgeons in helping victims of IPV.

Issues to be Discussed in this Thesis

The overarching theme of this thesis is to conduct research to understand the opportunities and challenges facing orthopaedic surgeons in diagnosing and managing IPV in their practices. The specific aims of this thesis are fourfold: 1) to investigate orthopaedic surgeons’, surgical trainees’, and medical students’ perceptions about IPV, 2) to determine the prevalence of IPV in fracture clinic patients, 3) to assess the barriers to and facilitators for screening for IPV in orthopaedic settings, and 4) to discuss the development of a screening program for IPV in orthopaedic fracture clinics.

References

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