

Intimate Partner Violence: Who and How Do I Help?

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Disclosures

- **Scientific Advisory Committee**
 - Osteoporosis Canada
- **Institutional Research Funding**
 - Smith & Nephew
 - Johnson & Johnson
- **Educational Engagements**
 - Stryker
- **Associate Editor**
 - Canadian Journal of Surgery

A hand is shown writing the word 'DISCLOSURES' in large, blue, capital letters on a whiteboard. The hand is holding a blue marker and is positioned at the end of a horizontal blue line that has been drawn across the whiteboard. The background is a plain white surface.

OVERVIEW



Definition of Intimate Partner Violence (IPV)

Prevalence of IPV

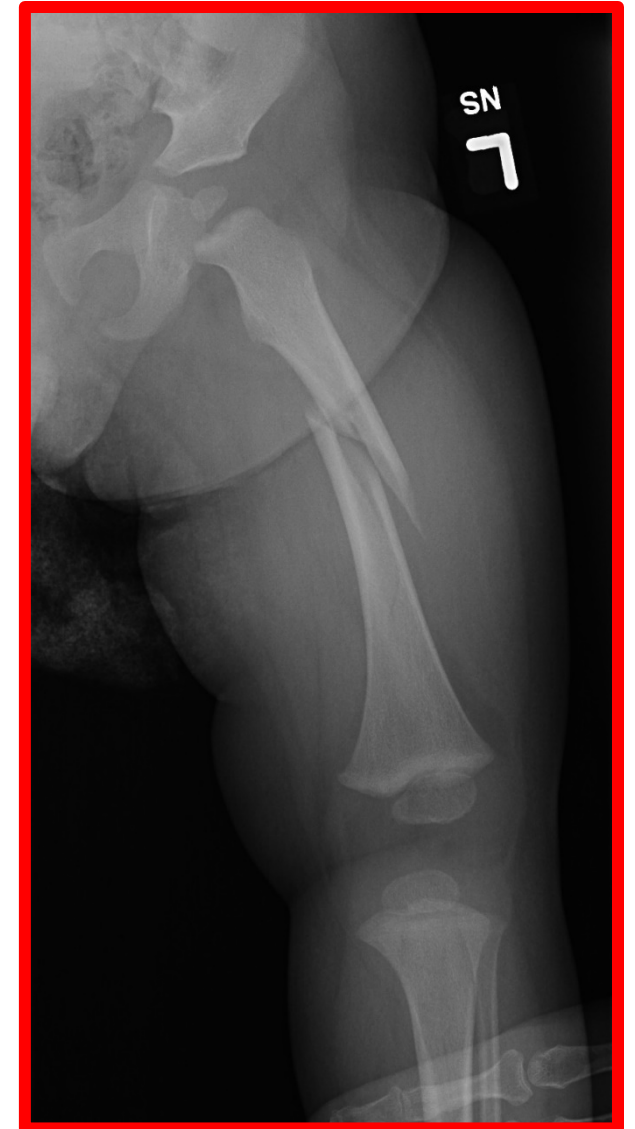
Relevance

How Do I Help?

Who Do I help?

- 14 month old brought in by his father after falling one foot from a step

What is Your First Thought?



- 41 year old, mother of 2
 - Previous distal radius fracture
 - Treated with cast and healed last year
 - New fall 2 days ago, tripped over child's toy

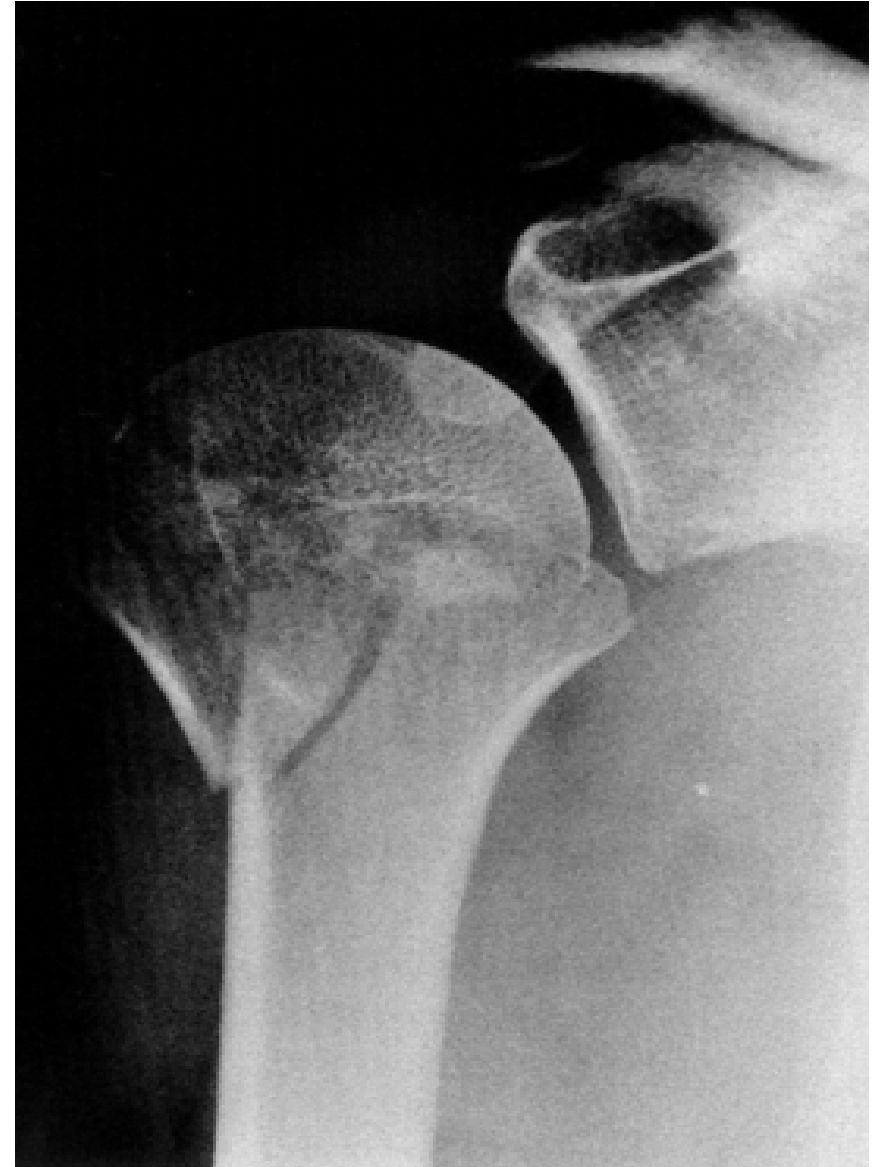
What is Your First Thought?



- 41 year old, mother of 2
 - Previous distal radius fracture
 - Treated with cast and healed last year
 - New fall 2 days ago, tripped over child's toy
- 4 Fractures in 5 Years
- Admitted to ICU for severe head injury



We treat the **injuries**,
but we sometimes forget the person



*“I have 2 ankles, a femur, a
humerus, and 2 wrists to
get through today.”*



DEFINING THE PROBLEM

Intimate Partner Violence (IPV)¹

Any behaviour within an intimate relationship that is used to **exert power and control** that **causes physical, psychological, or sexual harm** to the other partner in the relationship

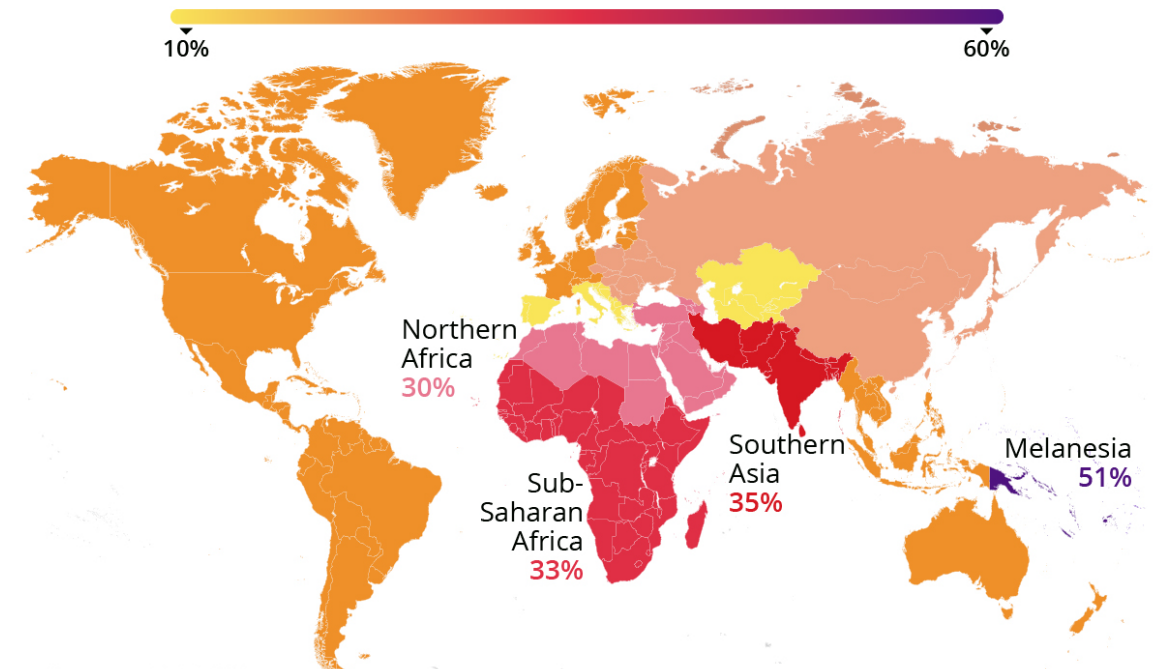


DEFINING THE PROBLEM

- Prevalence²
 - Global health concern
 - 1 in 3 women worldwide
- Significance³
 - Injury & death
 - Those who experience IPV utilize health services at higher rates
 - Depression
 - Alcohol abuse

One in Three Women Experience Violence at Hands of a Partner

Lifetime prevalence of intimate partner violence among women aged 15-49, by region



Source: U.N. Women

HOW IS THIS RELEVANT TO ORTHOPAEDICS?

- IPV in orthopaedic patients
 - MSK injuries are the **second most common** manifestation of IPV

Escalating violence is the
#1 predictor of intimate partner homicide



HOW IS THIS RELEVANT TO ORTHOPAEDICS?



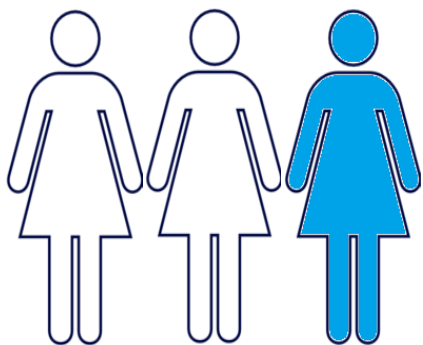
- Estimate the 12-month prevalence of IPV among adult women who present to fracture clinics
- Previously validated questionnaires
- Included **2,945 women** across 12 clinical sites



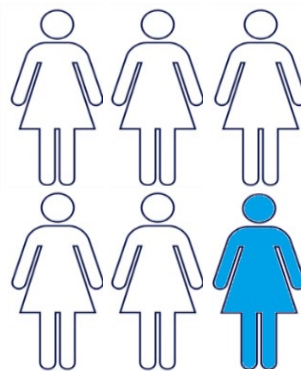
PRAISE Investigators. **Prevalence of abuse and intimate partner violence surgical evaluation (PRAISE) in orthopaedic fracture clinics**: a multinational study. *Lancet* 2013; published online June 12. [http://dx.doi.org/10.1016/S0140-6736\(13\)61205-2](http://dx.doi.org/10.1016/S0140-6736(13)61205-2).

HOW IS THIS RELEVANT TO ORTHOPAEDICS?

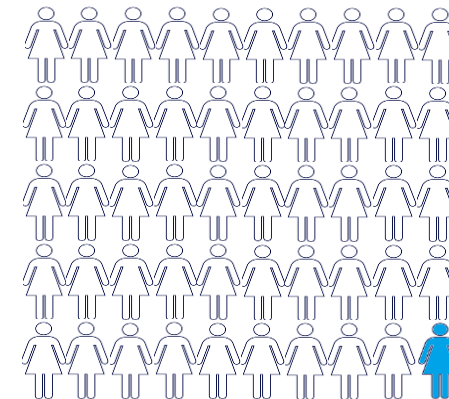
- **1 in 6 women** who present to fracture clinics have experienced IPV in the past year
- **1 in 50 female patients** presents to the fracture clinic as a result of IPV
- Only **14%** of clinic patients with an IPV injury had ever previously been asked about IPV



Lifetime Prevalence



12 Month Prevalence



Acute Prevalence

HOW IS THIS RELEVANT TO ORTHOPAEDICS?

- Fracture clinics are an ideal setting to ask patients about IPV
- In contrast to the emergency room, fracture clinics:
 - Offer multiple follow-up visits, often in a short period of time, allowing trusting relationships to form
 - See patients when they are not in an acute crisis

We have the **opportunity to help**



HOW DO I HELP?

- EDUCATE program
 - IPV educational program developed for orthopaedic HCPs who see patients in fracture clinics
 - Program aims to empower HCPs with the knowledge, skills, and resources needed to identify and assist victims of IPV
- Become familiar with your local resources
- Get to know your local social worker

EDUCATE 
www.IPVe educate.com

WHO DO I HELP?

- Orthopaedic HCPs often feel unprepared to ask their patients about IPV and unsure of how to provide assistance
 - Prevent stereotyping
 - Initiate the conversation
 - Raise awareness of the issue
 - Normalize language around IPV



WHEN TO ASK ABOUT IPV

- Ask about IPV at **anytime** during a fracture clinic appointment
 - Mid-appointment may be most appropriate once **rappport** is established
- Develop a **routine and conversation starter** that is comfortable for you and fits with your practice
- Each visit is an opportunity to ask about IPV
- **Repetition and consistency** in asking may lead to more disclosures
 - Patients may need to be asked **multiple times** before they feel comfortable enough to disclose IPV

WHERE TO ASK ABOUT IPV

- Ensure environment is **safe and private**
 - No others present, including partners or friends
 - Cast technicians often have an opportunity while casting
- If partners won't leave, you can make a statement that **reflects routine practice**
 - *“Mr. Smith, at this point in time we need to take Mrs. Smith in for an x-ray. Could you please wait in the waiting room until we call you?”*

HOW TO ASK ABOUT IPV

- **Injuries *suggestive* of IPV – ask directly**
 - *“In my experience, patients often get this kind of injury when someone has hit them. Has this happened to you?”*
- **Avoid using trigger words** (“abused” or “battered”) when asking about IPV
 - Patients may not identify with these labels
 - Patients may not recognize their partners’ behaviours as abusive

HOW TO ASK ABOUT IPV

- Injuries *not suggestive* of IPV – ask generally
 - “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?”
 - “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?”

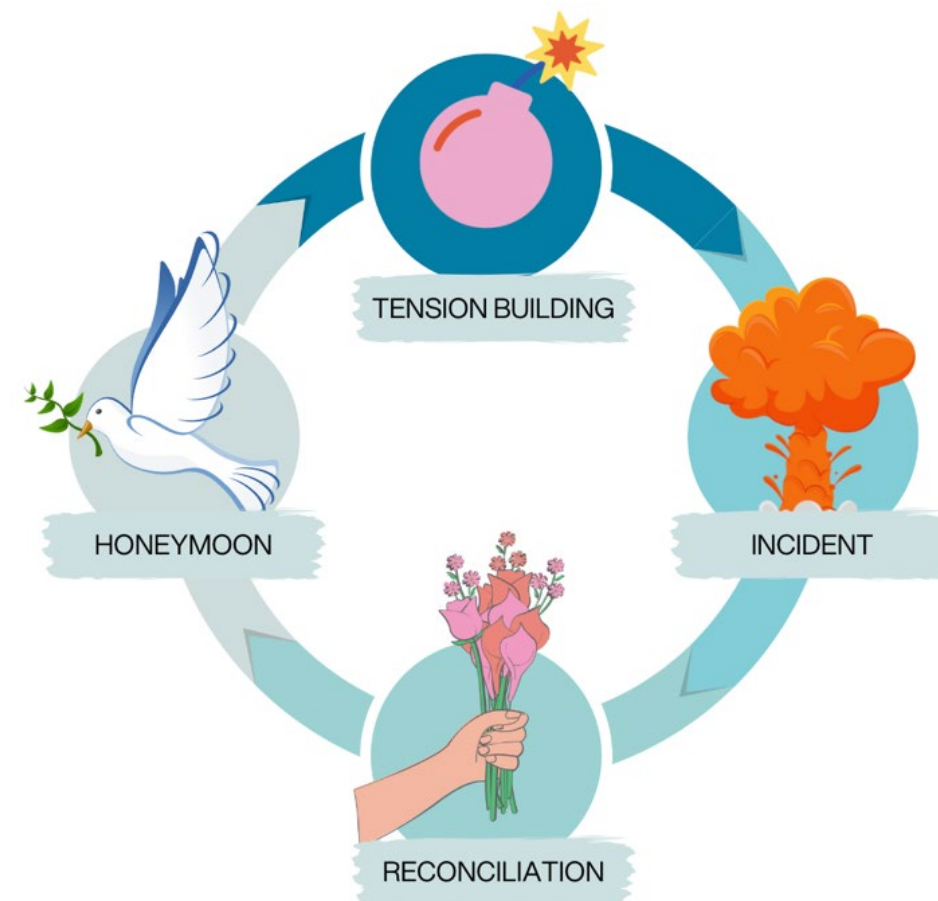
BENEFITS OF ASKING ABOUT IPV

- Even when a patients **does not disclose** abuse, there are still benefits to asking:
 - **“Opens the door”** to considering options for help
 - **Plants the seed** that certain behaviors are abuse, and abuse is wrong
 - Shows that you view IPV as a health issue and **care about her well-being**
 - Opportunity to **educate patients** about the health impact of abuse
 - **A positive experience with an HCP increases the likelihood of disclosing to an HCP in the future**

HOW TO IDENTIFY PERPETRATORS?

Identification of Perpetrators

- Spousal Assault Risk Assessment (SARA)
- Domestic Violence Screening Instrument (DVSI)
- Ontario Domestic Assault Risk Assessment (ODARA)
- Perpetration Screening Tool (PST)
- Revised Conflict Tactic Scale – Short Form (CTS2S)



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Limitations

- Excessive length
- Exclusively screening for physical violence
- Target convicted individuals
- Outdated language

NEED FOR NEW SCREENING TOOL

Screening tool to identify **A**busive and **V**iolent **E**fforts: **SAVE**



Patient informed



Healthcare provider informed



Perpetrator informed



NEED FOR NEW SCREENING TOOL: SAVE

Question #	Question	Response
1	Are your loved ones ever scared of you?	Yes/No
2	Have you ever been so angry at home that you have hit someone, a wall, or furniture?	Yes/No
3	Have you ever been concerned that you could not control your anger at home?	Yes/No
4	Do you think your loved ones make an extra effort to avoid making you angry?	Yes/No
5	Have you used force or the threat of force to settle a disagreement with your loved ones?	Yes/No
6	Have you ever felt that you might need help with your anger?	Yes/No
7	Has anyone else ever suggested that you might need help managing or controlling your anger?	Yes/No

SIGNIFICANCE



“I think what you're doing is really important and I think that if I'd have seen questionnaire like this 10 years ago, my marriage might not be where it is right now”