

## ***Information Statement***

# **Child Abuse or Maltreatment, Elder Maltreatment, and Intimate Partner Violence (IPV): The Orthopaedic Surgeon's Responsibilities in Domestic and Family Violence**

*This Information Statement was developed as an educational tool based on the consensus opinion of the authors. It is not a product of a systematic review process. Readers are encouraged to consider the information presented and reach their own conclusions.*

Child Abuse or Maltreatment, Elder Maltreatment, and Intimate Partner Violence (IPV) are major societal and medical concerns in both the United States and the world. Victims are of all ages, from newborn children to the elderly and include both males and females. Perpetrators are from all walks of life and may knowingly or unknowingly be harming their loved ones. The public health impact in terms of lives lost or lives harmed is immeasurable and likely underestimated by statistics. These problems present in a variety of settings in our health care system, including school health offices, clinics, private offices and hospital emergency departments.

Identifying victims of abuse, maltreatment and violence may be challenging. Sometimes the abuse is obvious, but often the maltreatment is "hidden." Maintaining a perspective of cultural context and cultural sensitivity is important and may have implications on the understanding of the observed behaviors. American society is multicultural and different cultures have acceptable, but differing norms for familial relationships and interactions.

This Information Statement is intended to give the orthopaedic surgeon a current overview of the problem of child abuse and maltreatment, elder maltreatment, and intimate partner violence (IPV). Understanding the magnitude of the problem and its different presentations allows the orthopaedic surgeon to have a heightened awareness of these problems and assists the orthopaedic surgeon in identifying victims and seeking help.

### **DOMESTIC OR FAMILY VIOLENCE: CHILD ABUSE OR MALTREATMENT, ELDER MALTREATMENT, AND INTIMATE PARTNER VIOLENCE (IPV)**

Domestic or family violence, abuse and maltreatment include all circumstances in which an individual with a personal relationship harms another individual for whom he or she has some form of current or prior relationship. This includes legal relatives living together, relatives or extremely close personal friends (often considered "relatives"), cohabitating individuals and close personal friends left with the responsibility of caring for another's family member. The most common forms include child abuse and maltreatment, elder maltreatment and intimate partner violence (spouses and domestic partners). Violence and maltreatment include any physical, psychological, sexual or economic control over another individual which compromises the victims' quality of life and his or her ability to maintain a healthy lifestyle.

## Child Abuse or Maltreatment

### Definition

The U.S. Centers for Disease Control and Prevention (CDC) defines child abuse or maltreatment as including acts of commission and acts of omission. Acts of commission are conscious and overt and include physical and sexual violence and psychological abuse. Acts of omission exist when the parent or guardian fails to create a healthy environment for a growing child. These are often more insidious, but equally as harmful as acts of commission. They can include an absence of emotional and physical support, lack of appropriate supervision of a child's activities and exposing the child to inappropriate social situations, failure to seek preventative and emergency medical care and failure to maintain a child's education.

### Statistics

Child protective services statistics (2008) estimate that 10.3 children per thousand were victims of abuse or maltreatment. Children under the age of one are most vulnerable. They are defenseless, non-verbal, require a large time commitment to be cared for and as a result are "demanding". The estimated rates of abuse or maltreatment for children are:

21.7	per 1,000 for infants less than 1 year old
12.9	per 1,000 for 1 year-olds
12.4	per 1,000 for 2 year-olds
11.7	per 1,000 for 3 year-olds
11.0	per 1,000 for 4 to 7 year-olds
9.2	per 1,000 for 8 to 11 year-olds
8.4	per 1,000 for 12 to 15 year-olds
5.5	per 1,000 for 16 to 17 year-olds

The statistics demonstrate a decreasing incidence of abuse or maltreatment as children become older, with an approximately 11-12/1000 from ages one to seven. Abuse or maltreatment can be fatal and it was estimated that there were 1770 deaths from maltreatment in 2008. Eighty percent (80%) of the deaths occurred in children under the age of four.<sup>1</sup>

Those responsible for fatal child abuse or maltreatment are:

81%	One parent acting alone or with someone else
37%	Mother acting alone
19%	Father acting alone
13%	Non-parent <sup>2</sup>

In addition, those responsible are often young adults without a high school diploma who themselves have been victims of abuse or maltreatment.

In reviewing fatalities, there is often find a pattern of neglect or abuse leading up to the death of a child. Recognition and management of victims are vital skills for all health care providers to prevent continued maltreatment and possibly death.

In addition to the devastating personal toll, child abuse or maltreatment creates a huge economic burden on our health care system and society. A recent CDC study "found the total lifetime estimated financial costs associated with just one year of confirmed cases of child maltreatment (physical abuse, sexual abuse, psychological abuse and neglect) is approximately \$124 billion."<sup>3</sup>

## Elder Maltreatment

It is expected that elder maltreatment will become more common as the population ages and we face continued economic stresses in the United States. Orthopaedic surgeons may be the first health provider with an opportunity to identify an elderly individual being maltreated. It is important that orthopaedic surgeons be aware of and recognize the common presentations of victims of elder abuse (Recognizing and documenting abuse, see below).

### Definitions

The CDC has established definitions of elder maltreatment in an attempt to standardize behaviors which are felt to be harmful to the elderly. Common definitions are necessary for developing strategies for recognizing and preventing maltreatment as well as to treat, assist and protect the victims of maltreatment. The CDC definition of elder maltreatment is "...any abuse or neglect of persons age 60 and older by a caregiver or another person in a relationship involving an expectation of trust". The following behaviors are identified by the CDC as forms of elder abuse:

Psychological abuse: Any behavior which is degrading to a person or creates fear, humiliation or coercion. In addition, socially isolating an individual and preventing interaction with other friends or family members compromises the quality of life for the elderly victim.

Physical abuse: Activities which cause injury or threat of injury with a weapon.

Sexual abuse and abusive sexual contact: Any unwanted sexual contact or sexual contact with an individual who lacks capacity to give consent.

Neglect: Failure to provide a healthy and safe environment by a caretaker. This includes nutrition, shelter, access to health care, protection from others and maintaining an environment of emotional support.

Abandonment: Leaving an elderly individual under the care of a health care provider without arranging for alternative care. A common form of abandonment is to bring an elderly individual to a hospital emergency department and to leave without advising the staff.

Financial abuse or exploitation: Using an individual's financial resources for personal gain without authorization. Care givers who attempt to limit the use of elderly person's resources for their own future gain are abusing their relationship.<sup>4</sup>

### Statistics

The incidence of fractures and musculoskeletal injuries secondary to physical maltreatment of the elderly is unknown. Undoubtedly, orthopaedic surgeons will care for injuries which are the result of physical maltreatment. The suffering of elders is often silent. Orthopaedic surgeons must be alert to the problem and aware of changes in a patient's behavior or circumstances as well as strained relationships with caregivers.

A 2004 Survey of State Adult Protective Services provides an insight into the problem of elder maltreatment. For the year 2003:

Reports of suspected maltreatment: 565,747  
Investigated reports of suspected maltreatment: 192,243  
Investigated reports substantiated: 46.7%  
Maltreatment occurring in a domestic setting: 89%  
Maltreatment occurring in an institutional setting: 11%<sup>5</sup>

## Prevention

The aging population will place significant stresses on their caregivers. Programs to educate caregivers and developing adequate public support services will be necessary. Identifying victims of maltreatment is vital to prevent further abuse and to assist providers in strategies to improve their skills in the challenging task of caring for the elderly.

## **Intimate Partner Violence (IPV)**

### Definition

Intimate partner violence (IPV) occurs between any two individuals with either a current or former "close" relationship. It can occur between both heterosexual couples and homosexual couples. It includes acts of rape, physical and psychological violence and stalking. A large proportion of the perpetrators have been victims of physical and emotional abuse.

### Statistics

Intimate partner violence has reached epidemic proportions in the United States. Approximately one in three women and one in four men report some form of IPV. 9.4% of woman report being raped by a partner. Nearly 17% of woman and 8% of men report experiencing other forms of sexual violence, and 24.3% of women and 13.8% of men report severe physical violence. The majority of victims report IPV before the age of 25 (69% of females and 53% of males).<sup>6</sup>

In 2005, the Bureau of Justice statistics reported 1510 deaths from IPV (1181 female and 329 males). An intimate partner committed 11% of all homicides and nearly half of the women victims had visited a hospital emergency department with an injury in the previous year.<sup>7</sup> Repeated violence over time seems to carry more serious consequences. The importance of recognition and intervention is clear in preventing the progressive effects of such violence.

### Consequences

Victims of IPV are at risk for a variety of physical and psychological illnesses and significant economic losses. Chronic headaches, musculoskeletal pain, sleep disturbances, sexually transmitted diseases and post traumatic stress disorders (PTSD) are widely reported. Women are at risk for asthma, gynecological problems, irritable bowel syndrome and diabetes. Victims frequently miss days of work and as a result are at risk for losing their jobs. Substance abuse is common. Frighteningly, when women leave an abusive relationship, they are at increased risk for being murdered by the perpetrator.

The economic costs of IPV are staggering and include direct medical costs, loss of productivity, mental healthcare and judicial expenses. Extrapolation of 1995 cost estimates in 2003 dollars estimates a cost of 8.3 billion dollars not including the costs associated with judicial process including investigation, prosecution and incarceration.<sup>8</sup> Chan and Cho published a review of the economic costs associated with IPV.<sup>9</sup> Worldwide costs analyses have varied widely and depend on which associated costs are included in the analysis.

Among the costs of IPV are direct medical costs, mental health care, property damage and loss, productivity losses, loss of consumption efficiency, governmental losses, use of services and pain, suffering and lost quality of life.<sup>6</sup>

## RECOGNIZING AND DOCUMENTING ABUSE AND VIOLENCE

The cumulative psychological, economic, social and personal costs of child abuse or maltreatment, elder maltreatment, or IPV are enormous and not well accounted for anywhere. Depression, anxiety, suicide, fear of intimacy and distrust of the opposite sex are among them. Victims are also more likely to engage in high-risk behavior with sex, drugs, alcohol, smoking, and eating. Chronic pain is common. This clearly constitutes a major public health problem that orthopaedic surgeons should be aware as they encounter patients who seek care of injuries which are the result of these actions.

Orthopaedic surgeons need to be aware of the common presentations of victims of child abuse or maltreatment, elder maltreatment, or IPV. Musculoskeletal injuries that should raise a suspicion of a problem include:

- Multiple injuries/fractures
- Bilateral injuries/fractures
- Unusual patterns of injury/fracture
- Injuries/fractures of varying ages
- Injuries/fractures inconsistent with or disproportional to the history
- Multiple injuries treated in different hospital emergency departments or by different providers

Non-musculoskeletal aspects that should alert health care providers to child abuse or maltreatment, elder maltreatment or IPV include:

- A central pattern of injury
- Defensive pattern of injury
- Substantial delay between injury and treatment
- Differing recollections of the cause of the injury
- Injuries during pregnancy
- Repeated injuries
- Frequent utilization of health care services for seemingly inconsequential problems
- Inappropriate/strained relationship with patient's partner
- Excessive anxiety demonstrated by the patient or family member/partner/caregiver
- Body language transmitting fear
- A caregiver insisting that they explain the events leading to the injury
- The failure of a patient with capacity to discuss the events leading to the events of the injury

Appropriate medical records are vital to assist victims. Records can be utilized to obtain legal protection and to obtain other social services such as public housing and welfare benefits. The following suggestions for medical record documentation should be considered to benefit the victim both medically and in any social service or legal proceedings:

- Take photographs to document injuries
- Use body maps or drawings to document injuries
- Write legibly or use electronic medical records
- Utilize exact quotes of what the patient is describing
- Include the name/ names of the individual(s) who harmed the patient
- Fully describe the management of the injuries prior to your evaluation
- Describe the patient's demeanor and psychological state
- Request that you be allowed to interview the patient alone after initially performing an evaluation with the caregiver/ guardian present (Adult with capacity, adolescent child)

## THE ROLE OF THE ORTHOPAEDIC SURGEON

*In the context of domestic and family violence, the American Academy of Orthopaedic Surgeons (AAOS) believes that an orthopaedic surgeon should:*

- *Be knowledgeable about the prevalence and presentation of child abuse and maltreatment, elder maltreatment, or intimate partner violence*
- *Be aware that he or she may be the first physician to be caring for the victims*
- *Maintain a heightened awareness of the problem and develop skills to identify the victims*
- *Ensure that they maintain comprehensive and accurate medical records documenting the events and examinations*
- *Assess and assure the safety of the victim*
- *Appropriately treat victims*
- *Take steps to prevent further harm*
- *Be familiar with the applicable laws and resources for reporting and referring suspected cases of violence and abuse*
- *Transfer an elderly victim who is in immediate danger to a hospital emergency department and notify the emergency department physician of the transfer and the reasons for your concern*
- *Help educate the public and other health care professionals about the problems of child abuse or maltreatment, elder maltreatment, or intimate partner violence*
- *Encourage and participate in research on domestic violence and abuse*
- *Advocate for appropriate legislation and public policy*

*The AAOS also believes that in addition to his or her primary responsibility to care for the patient, an orthopaedic surgeon has the legal obligation to report any known incident or suspicion to the appropriate authorities. Reporting of suspected child abuse is required in all states while the reporting requirements for elder maltreatment and IPV are not uniform among states. The orthopaedic surgeon is obligated to understand the laws applicable to his or her practice location.*

### Resources:

The following resources are current as of this update. Since laws and phone numbers change with time, orthopaedic surgeons should check the current status of the information.

### **CDC Centers for Disease Control and Prevention Injury Center: Violence Prevention**

Link to all CDC sites related to family and domestic violence

<http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence>

### **Child Abuse or Maltreatment**

CDC link to all CDC related links and many non-CDC related links

<http://www.cdc.gov/ViolencePrevention/childmaltreatment/index.html>

<sup>1</sup>U.S. Department of Health and Human Services, Administration on Children, Youth and Families. *Child Maltreatment 2008* [Washington, DC: U.S. Government Printing Office, 2010] available at: <http://www.acf.hhs.gov>, and at:

<http://www.cdc.gov/ViolencePrevention/childmaltreatment/datasources.html>

<sup>2</sup>CDC Children's Bureau: Child Maltreatment 2010.

<http://www.acf.hhs.gov/programs/cb/pubs/cm10/cm10.pdf>

<sup>3</sup>Fang X, Brown D, Florence C, Mercy J: The economic burden of child maltreatment in the United States and implications for prevention. *Child Abuse and Neglect*, February 2012.

Child Abuse Prevention & Treatment Act as amended by the Keeping Children Safe Act of 2003. URL links to the full text of the federal law.

<https://www.congress.gov/bill/108th-congress/house-bill/14>

Child Welfare Information Gateway. URL links to an information reporting hotline (800-422-4453) and to state specific numbers for reporting child abuse.

<https://www.childwelfare.gov/topics/responding/reporting/>

Child Welfare Information Gateway. URL links to state specific laws related to child abuse.

<https://www.childwelfare.gov/topics/systemwide/sgm/>

### **Elder Maltreatment**

<sup>4</sup>CDC: Elder Maltreatment

Link to all CDC and many non-CDC sites related to elder maltreatment

<http://www.cdc.gov/ViolencePrevention/eldermaltreatment>

<sup>5</sup>U.S. Department of Health and Human Services, Administration on Aging. The 2004 Survey of State Adult Protective Services: Abuse of Adults 60 Years of Age and Older. Available at:

[http://www.ncea.aoa.gov/Resources/Publication/docs/2-14-06\\_FINAL\\_60\\_REPORT.pdf](http://www.ncea.aoa.gov/Resources/Publication/docs/2-14-06_FINAL_60_REPORT.pdf)

National Center on Elder Abuse. This is funded by the U.S. Administration on Aging and is the most comprehensive resource on elder abuse. It includes links to state hotlines and resources.

<http://www.ncea.aoa.gov/>

### **Intimate Partner Violence**

CDC website with links to all CDC and many non-CDC sites

<http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence>

<sup>6</sup>CDC National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention: National Intimate Partner and Sexual Violence Survey 2010 Summary Report.

<sup>7</sup>Bureau of Justice: Intimate Partner Violence, 2005 report.

<http://bjs.ojp.usdoj.gov/content/intimate/ipv.cfm>

<sup>8</sup>Max W, Rice DP, Finkelstein E, Bardwell RA, Leadbetter S. 2004. The economic toll of intimate partner violence against women in the United States. *Violence Vict* 19(3):259–72.

<sup>9</sup>Chan, KL and Cho, EY. (2010) A Review of Cost Measures for the Economic Impact of Domestic Violence; *Trauma, Violence and Abuse*. 11(3): 129-143.

National Coalition Against Domestic Violence Hotline. 800-799- SAFE (7233)

URL links to the NCADV and also to each state's coalition against domestic violence.

<http://www.ncadv.org/>

McCord-Duncan EC, Floyd M, et.al (2006) Detecting Potential Intimate Partner Violence: Which Approach Do Women Want? *Fam Med*; 36(6): 416-22.

American Prosecutors Research Institute.

This is a good source of information and issues about reporting domestic violence related to competent adult victims. It summarizes the relevant state statutes for medical professionals.

<http://www.ndaa.org/apri/>

National Resource Center on Domestic Violence. 800-537-2238

This is a good resource for information on and help with domestic violence in adults.

<http://www.nrcdv.org/>

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