

PREDICTION OF REPEAT VISITS BY VICTIMS OF INTIMATE PARTNER VIOLENCE TO A LEVEL III TRAUMA CENTRE

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BACKGROUND

- ▶ The emergency department (ED) is a major “*point of entry*” into the healthcare system by victims
- ▶ *Injury* is the most obvious clinical presentation of domestic violence
- ▶ Other clinical presentations – chronic illness, gynecological, psychiatric problems, alcoholism, drug abuse, and suicide attempts are also seen at emergency departments

REPEATERS (VGH, N = 317)

50 PATIENTS (5-10 VISITS EACH) → 250 VISITS IN TOTAL

Drug overdose	13 (26%)
Alcohol intoxication	7 (14%)
Psychological problems	6 (12%)
Suicide attempt/ideation	5 (10%)
Infections	16 (32%)
Lacerations/contusions	20 (40%)
Fractures	12 (24%)
Pain	11 (22%)
Burns	1 (2%)
Trauma	4 (8%)

REPEATERS (VGH)

50 PATIENTS (11-20 VISITS EACH) → 450 VISITS IN TOTAL

Drug overdose	8 (17.7%)
Alcohol intoxication	12 (26.6%)
Psychological problems	12 (26.6%)
Suicide attempt/ideation	4 (9%)
Infections	20 (44.4%)
Lacerations/contusions	25 (55.5%)
Fractures	10 (22.2%)
Pain	15 (33.3%)
Burns	1 (2%)
Trauma	4 (9%)

REPEATERS (VGH)

25 PATIENTS (>20 VISITS EACH) → 500 VISITS IN TOTAL

DISCLOSED VIOLENCE ON 1.5 VISITS

Drug overdose	16 (64%)
Alcohol intoxication	12 (25 %)
Psychological problems	8 (32%)
Suicide attempt/ideation	3 (12%)
Infections	14 (56%)
Lacerations/contusions	9 (36%)
Fractures	4 (16%)
Pain	5 (20%)
Burns	1 (4%)

PURPOSE

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- ▶ To compare the population of persons presenting to a Vancouver hospital emergency department two or more times with those presenting once over a 12 year period.

OBJECTIVES

- ▶ Among repeat vs. single presenters:
 - ▶ socio-demographic characteristics
 - ▶ injury profiles and presenting complaints
 - ▶ hospital services
 - ▶ referrals on discharge
 - ▶ develop a prediction model characterizing repeat visitors at VGH

METHODS

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- ▶ A retrospective study case control study utilizing data previously collected for routine care at Vancouver General Hospital
- ▶ 1997-2009
- ▶ ED-based patient records linked with ED-based domestic violence documentation

METHODS

- ▶ Case - an individual who disclosed intimate partner violence on at least one occasion and who had presented to the ER on two or more occasions.
- ▶ Control - an individual who has disclosed IPV and presented to the ER only once during the study period.

METHODS

- ▶ The Domestic Violence Record documents sociodemographic variables, nature of abuse including severity, onset, and frequency, use of weapons, ethnicity, psycho-social assessment, police involvement, and discharge teaching
- ▶ The emergency room database documents age, length of stay, arrival mode, chief complaint, triage acuity, procedures and services, and status at discharge
- ▶ Data was merged using a common unique identifier, the MRN or medical record number.

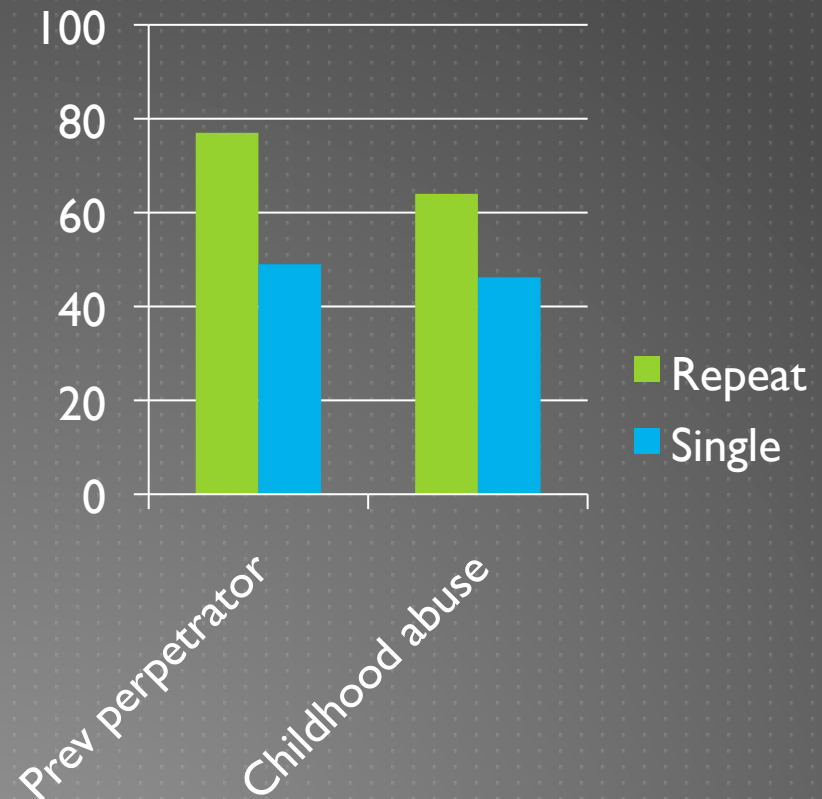
RESULTS

SOCIODEMOGRAPHIC

Gender

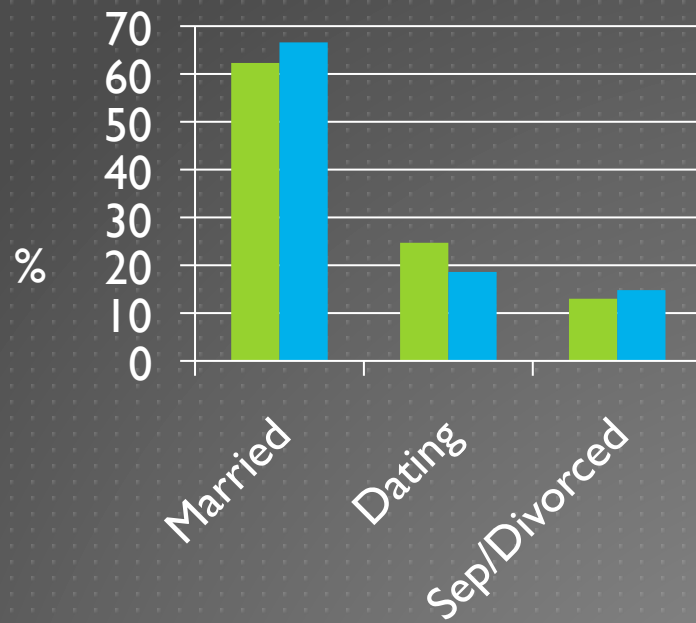


Abuse History

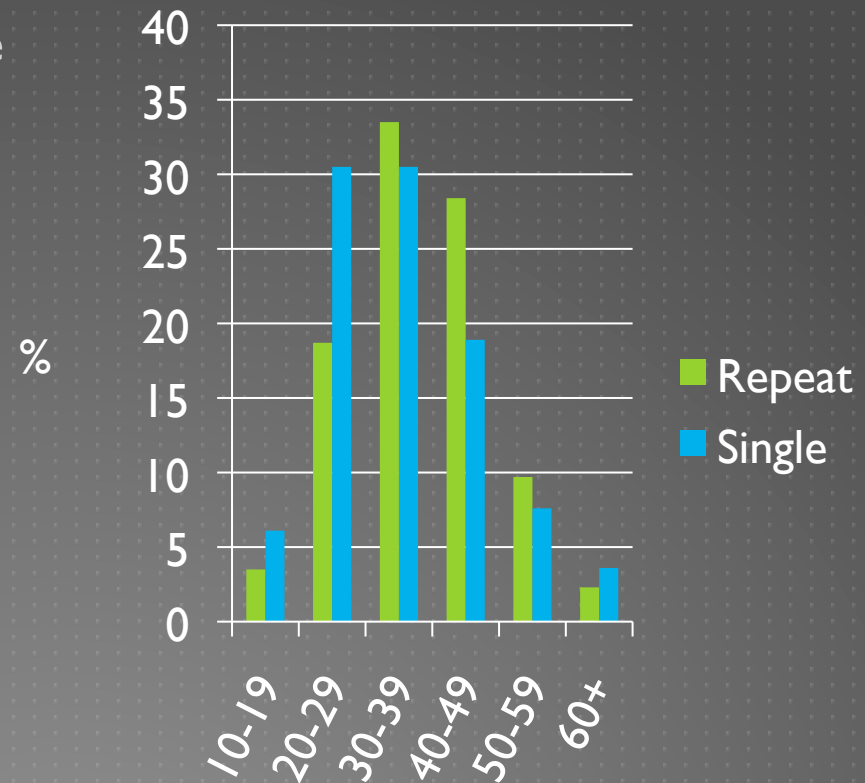


SOCIODEMOGRAPHIC

Marital Status



Age

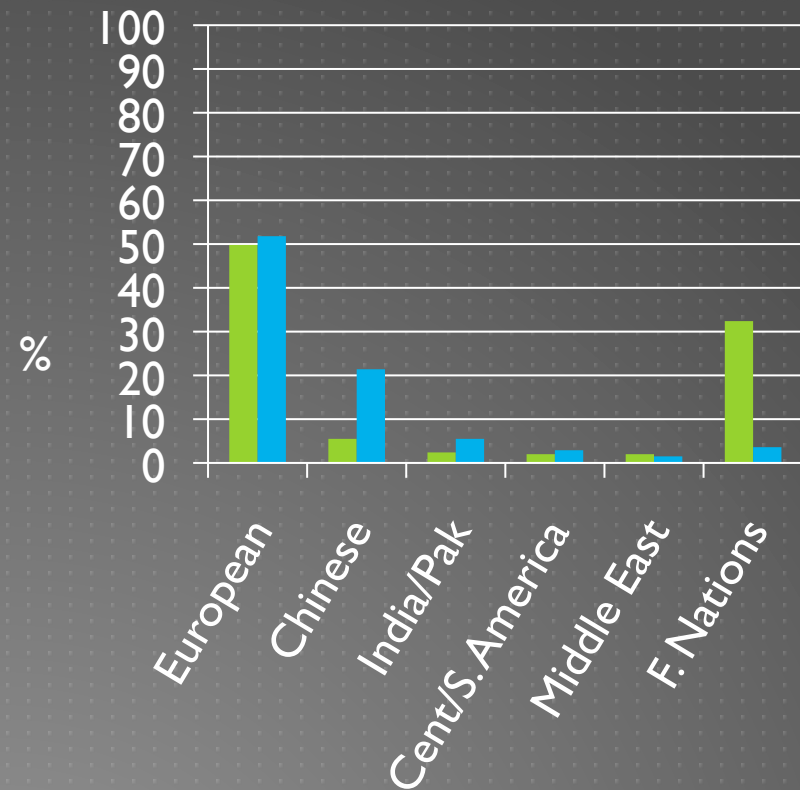


SOCIODEMOGRAPHIC

Language at Home

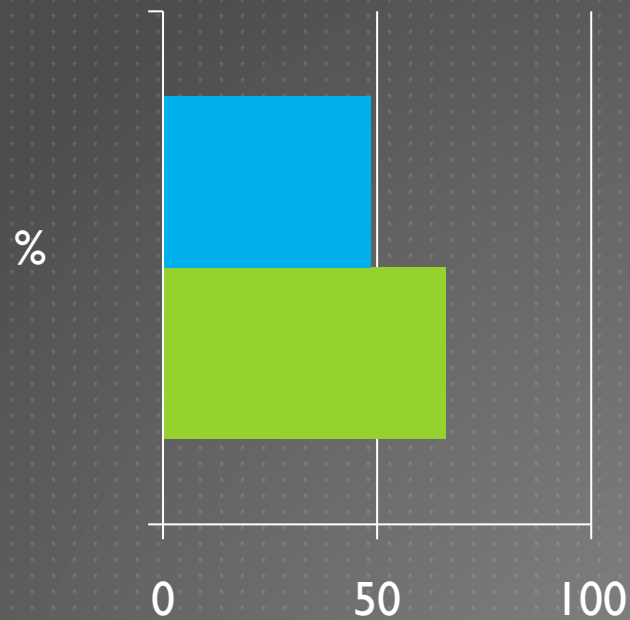


Race/Ethnicity

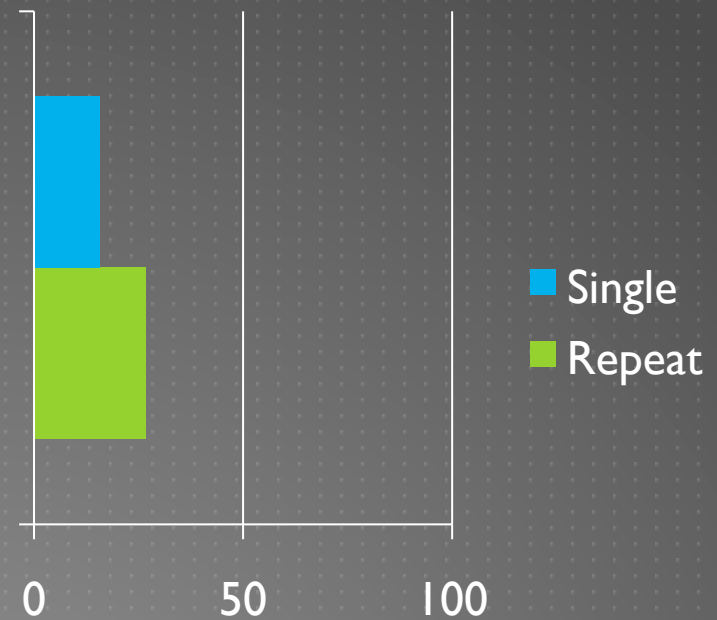


NATURE OF ABUSE

Threat to Kill Victim

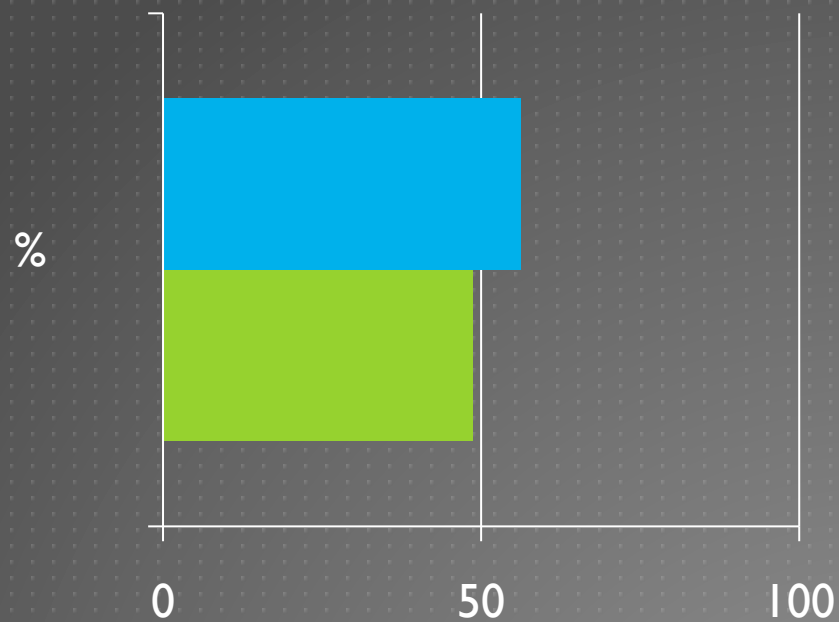


Threat to kill family/friends

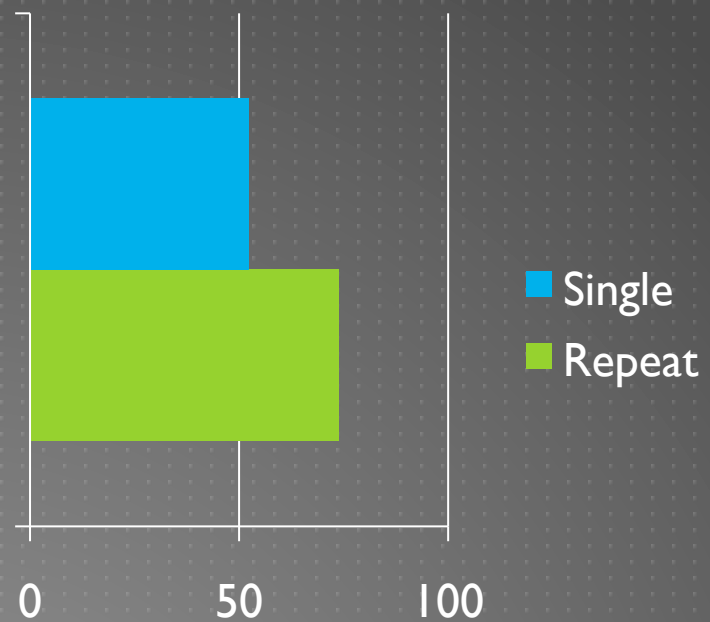


NATURE OF ABUSE

Police Involved this Time

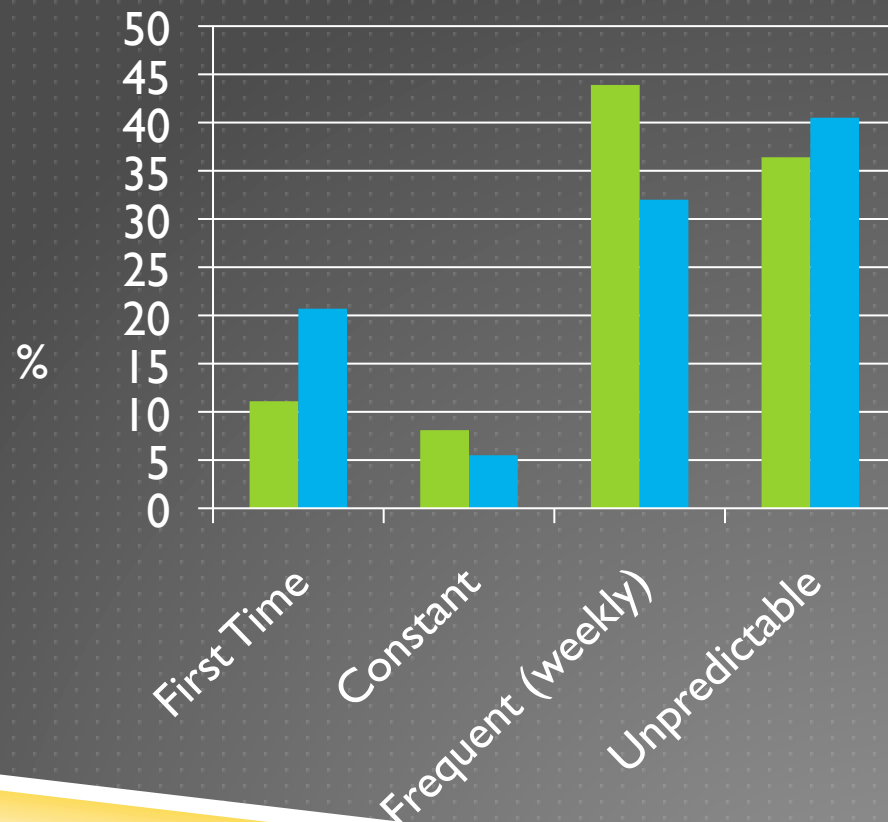


Police Involved Previous Time

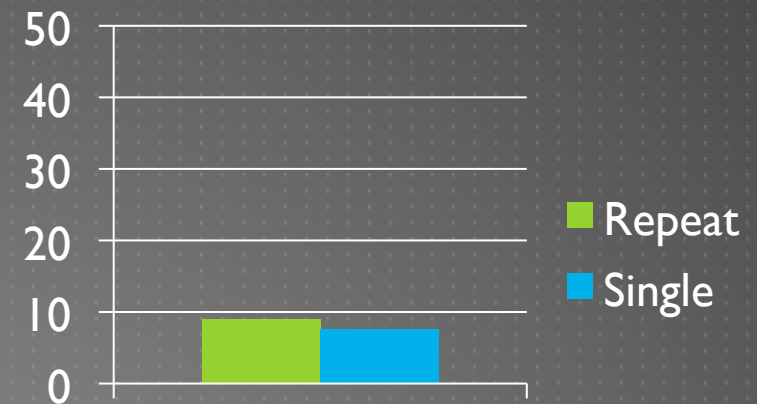


NATURE OF ABUSE

Frequency

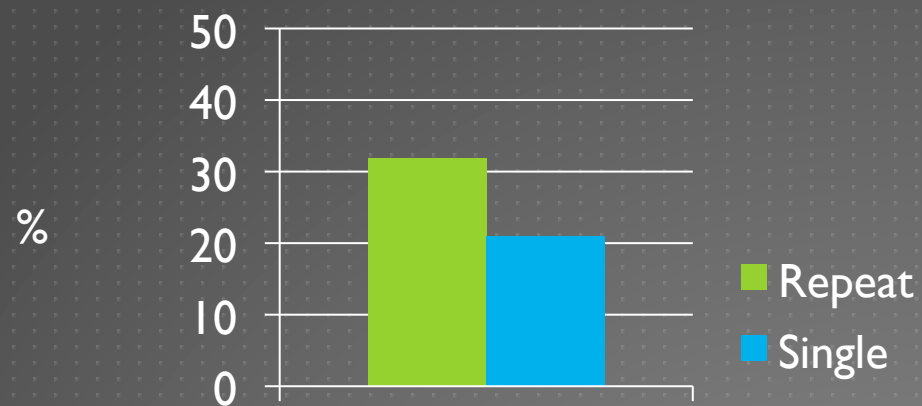


Threatened with a Weapon



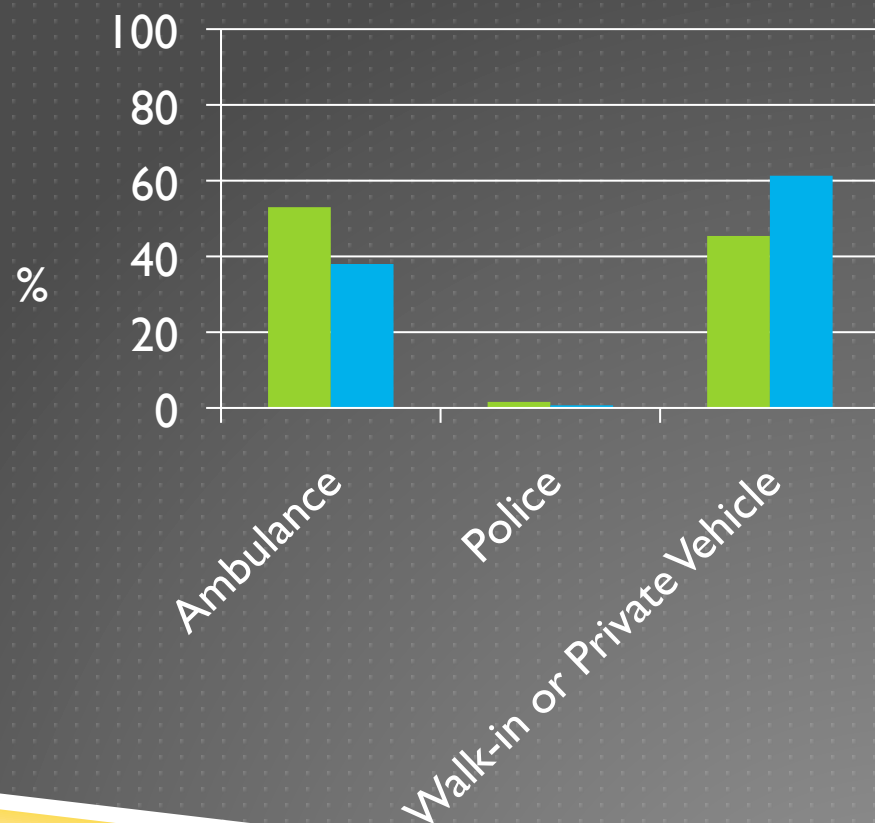
NATURE OF ABUSE

Ministry of Children and Family Involved

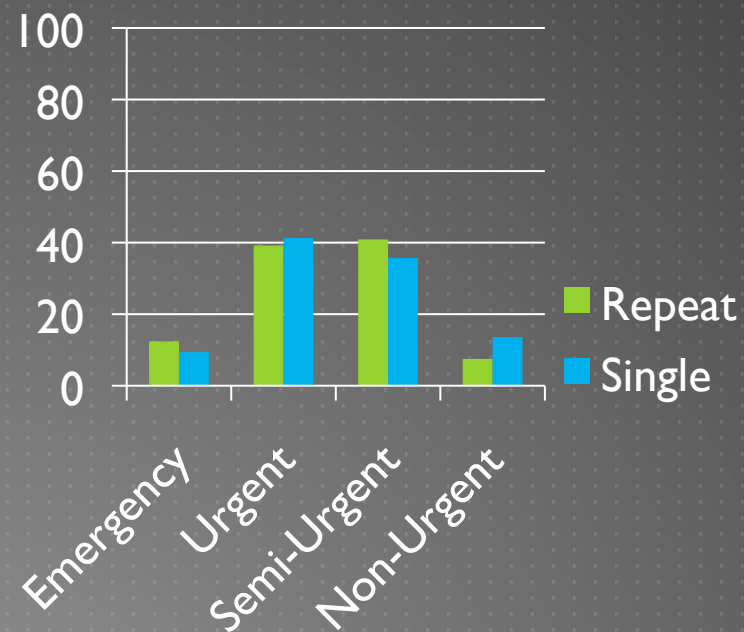


USE OF HOSPITAL SERVICES

Arrival

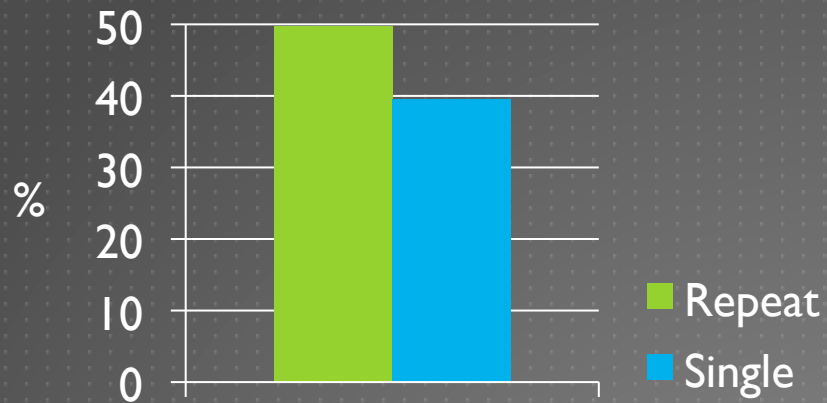


Acuity

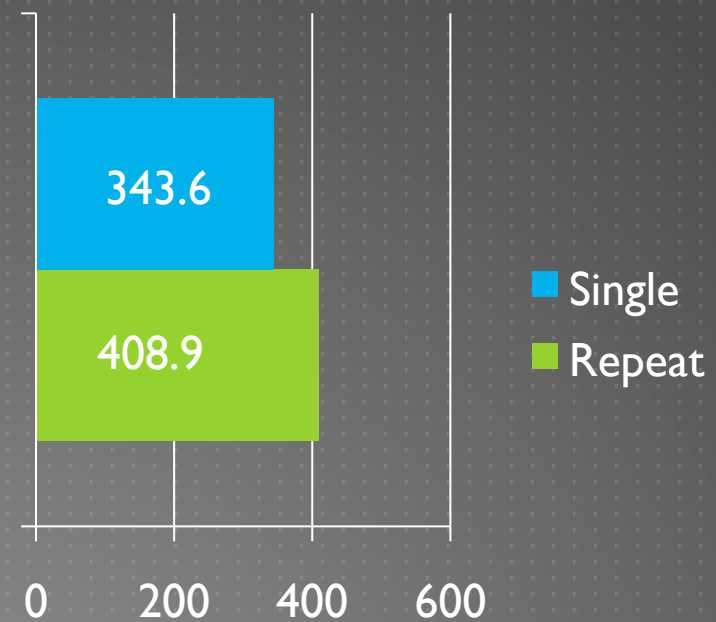


USE OF HOSPITAL SERVICES

Admitted to ER



Length of stay

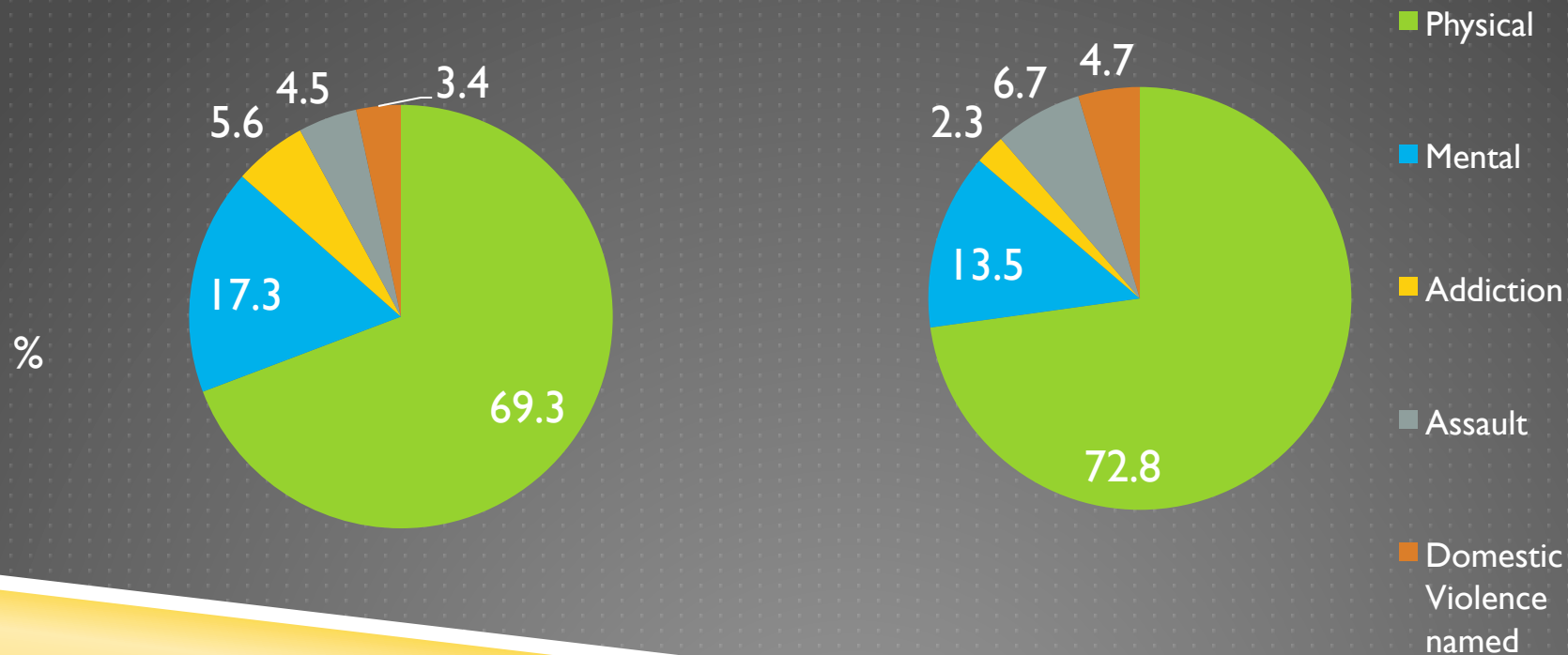


USE OF HOSPITAL SERVICES

Presenting Complaint

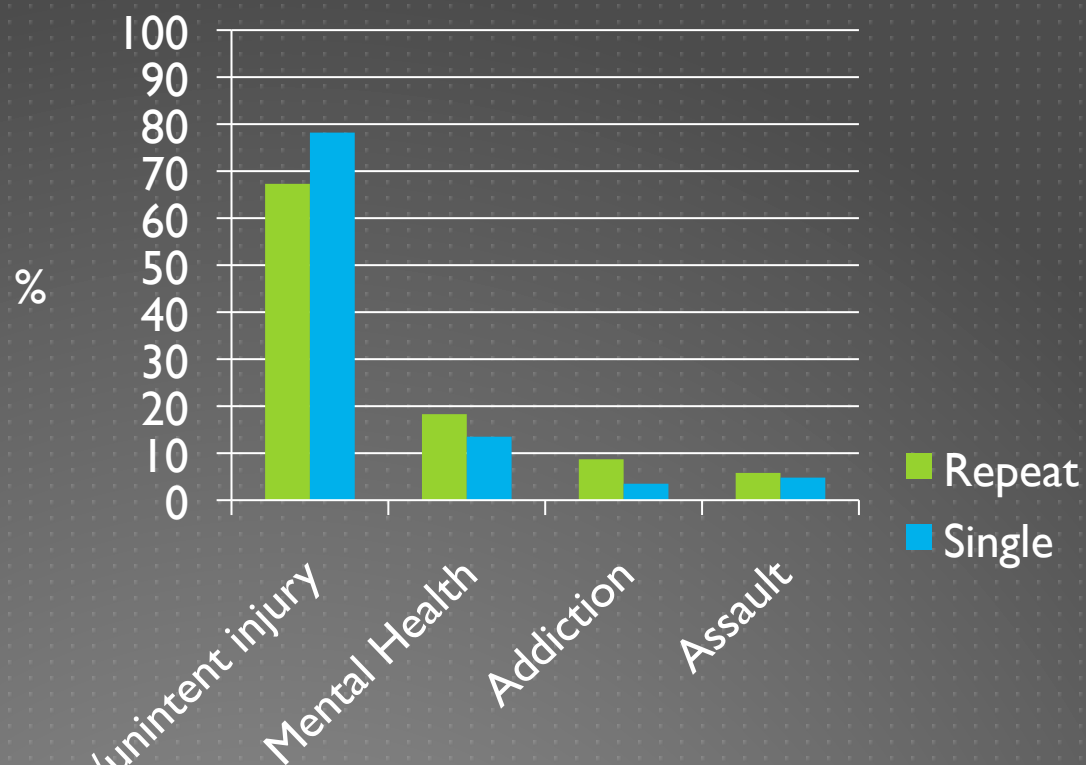
Repeat

Single



USE OF HOSPITAL SERVICES

Discharge Diagnosis



INDEPENDENT PREDICTORS OF REPEAT VIOLENCE

Predictors	Adj Odds Ratio	95% Confidence Interval
First Nations	2.29	1.30-4.01
Middle Eastern	5.07	1.13-22.7
Prev abuse, different partner	3.38	1.88-6.08
Threat to kill victim	2.98	1.74-5.08
Mental Illness – presenting complaint	3.03	1.59-5.77

LIMITATIONS

- ▶ Captures 80% of ER visits in Vancouver
- ▶ Data related to most recent visit among repeat visitors

CONCLUSION



RECOMMENDATIONS FOR PRACTICE

- ▶ If ER caregivers can be persuaded **at a minimum** assess and document these individuals at highest risk of repeated violence – they create opportunities for safety planning and referral.
- ▶ Ideally, any risk factor should be incorporated into questions for women who have disclosed violence at any time.