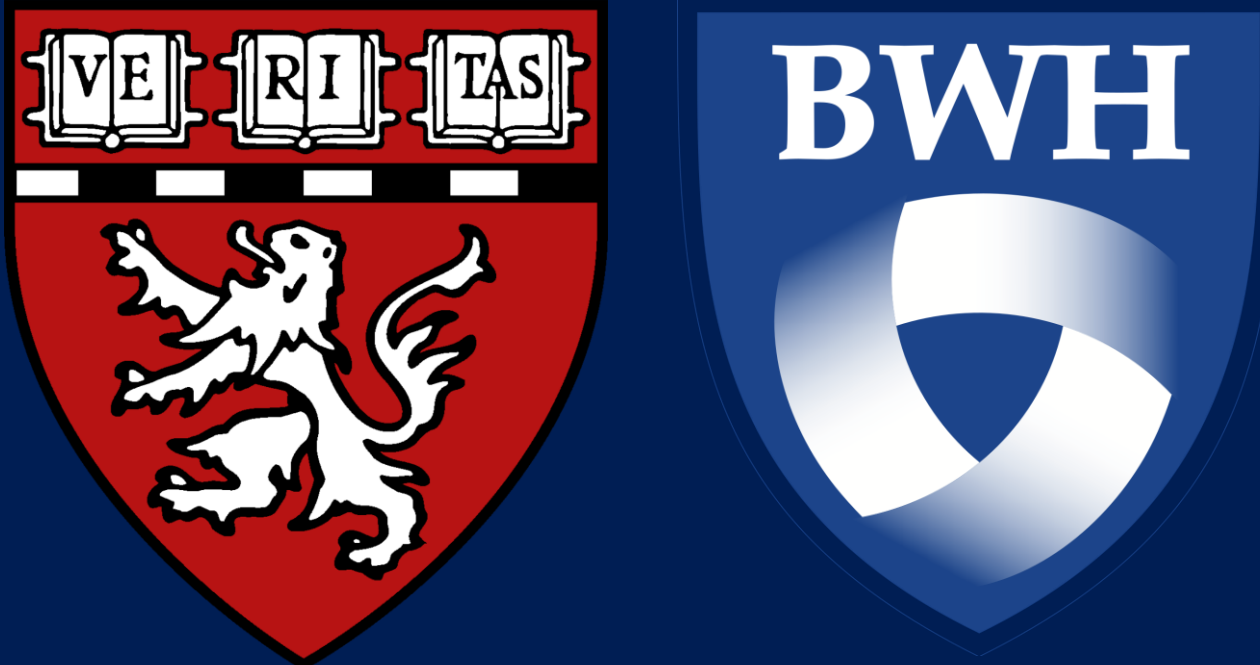


INTIMATE PARTNER VIOLENCE AMONG PLASTIC SURGERY PATIENTS: A SINGLE INSTITUTION EXPERIENCE AT TWO MAJOR TRAUMA CENTERS

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INTRODUCTION

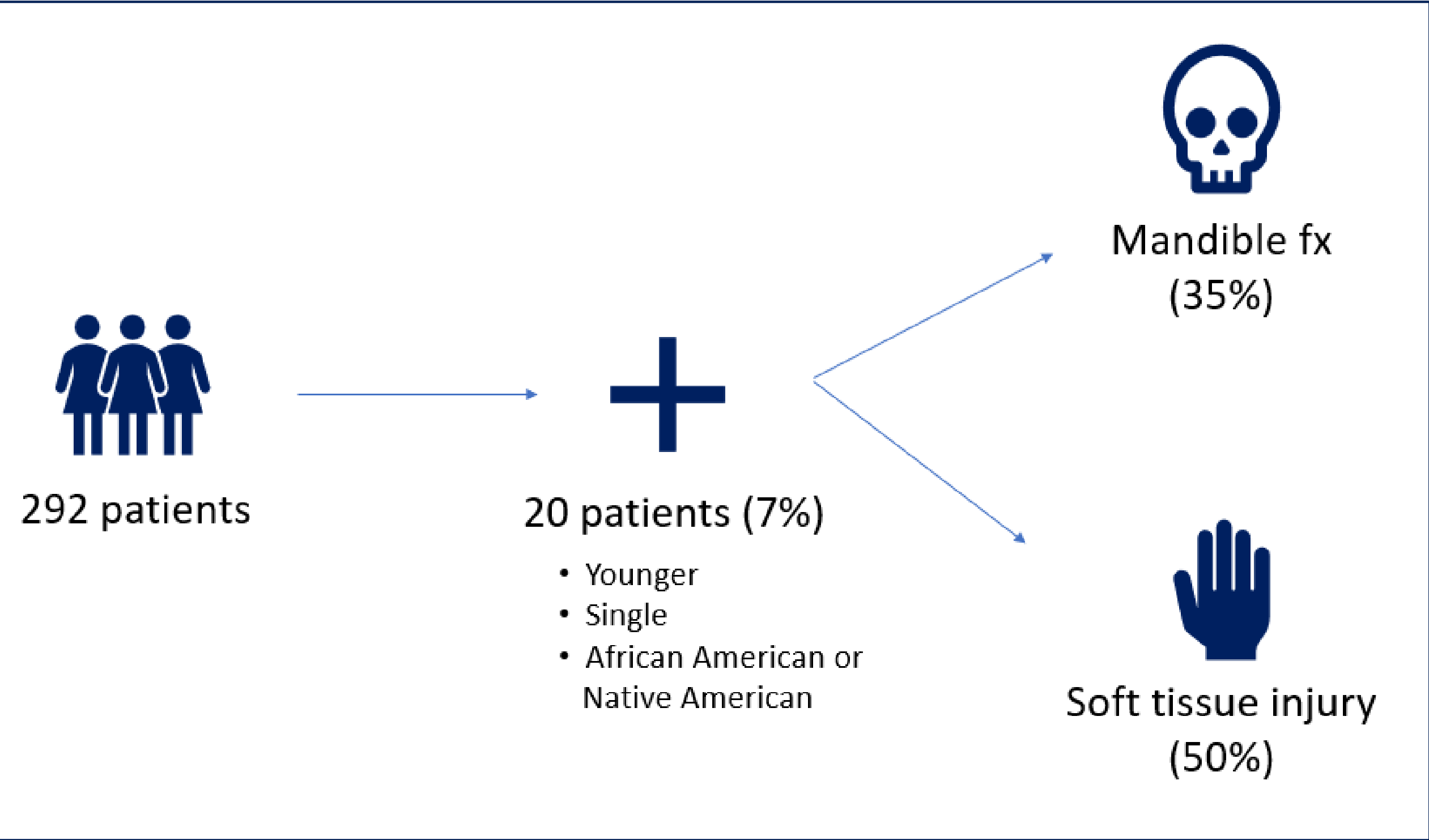
Intimate partner violence (IPV) is prevalent among trauma patients requiring the consultation of Plastic and Reconstructive Surgery¹. The face and upper extremity are the most common areas of injury^{2,3}. While plastic surgery is at the forefront of these disciplines, the prevalence of IPV in plastic surgery has yet to be described. The aim of this study is twofold:

- 1. To investigate the quantity and quality of IPV injuries in patients treated by plastic and reconstructive surgery in our institutional trauma population.
- 2. To assess residency awareness and competency with IPV injuries as it pertains to plastic surgery training.

METHODS

We performed a 5-year retrospective analysis of trauma patients evaluated by plastic and reconstructive surgery within the Mass General Brigham system from 2016-2021. All female trauma patients who had a consultation order placed to Plastic and Reconstructive Surgery were included in this study. Our primary outcome measure was to report the prevalence of IPV in patients evaluated and treated by the on-call plastic surgery resident team at our institution. Secondary outcome measures included assessing injury patterns of these patients and comparing to non-IPV consults. We also administered a 10-question online survey to plastic surgery residents of our home institution in order to assess their familiarity with IPV as it pertains to plastic surgery training⁴.

RESULTS



Survey

Ten of twenty-four trainees responded to our survey for a response rate of 42%.

- **90%** of respondents correctly identified “face” as one of two most commonly injured areas in a patient of IPV, while **50%** correctly identified “upper extremity”.
- **100%** of respondents felt that intimate partner violence was “somewhat relevant” or “very relevant” to their training as a plastic surgeon
- **100%** of respondents felt that plastic surgeons are not trained to be familiar with IPV.
- **100%** of participants were “not comfortable at all” or “somewhat comfortable” with recognizing, screening, or diagnosing IPV.
- **80%** do not routinely screen for IPV when evaluating trauma patients, of which half reported they “do not feel trained to discuss with patient”.

Injury	No IPV (%) (N=272)	IPV (%) (N=20)	p-value
Age	51.23 ± 23.50	35.25 ± 10.51	0.003*
Marital Status			0.032*
Single	130 (47.8)	16 (80.0)	
Married	86 (31.6)	4 (20.0)	
Widowed	31 (11.4)	0 (0.0)	
Divorced	25 (9.2)	0 (0.0)	
History of IPV	14 (5.1)	0 (0.0)	0.298
Race			0.000*
Native American	1 (0.4)	1 (5.0)	
Asian	11 (4.0)	0 (0.0)	
Black	18 (6.6)	7 (35.0)	
White	206 (75.7)	11 (55.0)	
Latin X	26 (9.6)	1 (5.0)	
More than One	4 (1.5)	0 (0.0)	
Unknown	6 (2.2)	0 (0.0)	

Injury	No IPV (%) (N=272)	IPV (%) (N=20)	p-value
Craniofacial Fracture	160 (58.8)	12 (60.0)	0.918
Upper Face Fracture			
Frontal Bone	22 (8.1)	1 (5.0)	0.621
Orbit	90 (33.1)	7 (35.0)	0.861
Middle Face Fracture			
Maxilla	69 (25.4)	6 (30.0)	0.647
Nasal	63 (23.2)	2 (10.0)	0.172
Zygoma	21 (7.7)	2 (10.0)	0.715
ZMC	9 (3.3)	1 (5.0)	0.688
Lower Face Fracture			
Mandible	19 (7.0)	7 (35.0)	0.000*
Craniofacial Soft Tissue Injury	90 (33.1)	9 (45.0)	0.277
Upper Extremity Fracture	83 (30.5)	3 (15.0)	0.142
Upper Extremity Soft Tissue Injury	22 (8.1)	10 (50.0)	0.000*
Forearm injuries (total)	44 (16.2)	6 (30.0)	0.113
Hand injuries (total)	36 (13.2)	4 (20.0)	0.396
Finger (total)	30 (11.0)	2 (10.0)	0.887

CONCLUSIONS

- ✓ Plastic surgeons are likely to encounter and treat patients with injuries related to IPV.
- ✓ Patients with IPV are more likely to have isolated mandible fracture and isolated soft tissue injury of the hand/upper extremity, compared to the non-IPV population.
- ✓ All residents feel that IPV is at least “somewhat” important to training but most do not routinely screen for IPV during consultations.
- ✓ By increasing awareness of the routine encounters we have with patients subjected to injuries from IPV, our goal is to help plastic surgeons begin to develop a framework for incorporating IPV into every day evaluations for trauma patients.

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