How did Intimate Partner Violence (IPV) evolve into an orthopaedic medical issue? Historical perspective on IPV in orthopaedic surgery

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BACKGROUND

What society defines as a medical issue changes over time. Medicalization of numerous behaviors and social problems was a characteristic of the twentieth century in the United States, expanding the scope of healthcare significantly. Medicalization transforms healthcare by redefining expectations of and practices by medical professionals. It changes physicians’ roles in society and their clinical responsibilities. Understanding how Intimate Partner Violence (IPV) came to be understood as a medical issue, including an appreciation for the historical context amidst which this occurred, can help inform care by identifying themes that shape clinical practice, such as standardization versus individualization.

Purpose: This project aims to understand how care for Intimate Partner Violence (IPV) victims evolved into an orthopaedic medical issue through clinical, professional, social, and cultural change.

Medicalization of violence:

“[I]n the past 50 years, … the boundary of medicine has grown to include new problems that were previously not deemed to fall within the medical sphere.” – Peter Conrad

Evolving physician attitudes:

“The attitudes of physicians are, of course, subject to the characterization of women abuse arising from broader societal attitudes and beliefs concerning the sanctity and privacy of family, women’s role and position in society, male privilege, and public tolerance of abuse.” – Marylise Bell and Janet Mohser

Standardization vs. individualization of care:

“First, it is clear that protocols—even those that resist medicalization, and so on—will not effect much positive change in the hands of a person unskilled in using them. Thus, a crucial piece of work to be done is the ‘skilling’ of physicians.” – Marylise Bell and Janet Mohser

METHODS

- Oral history interviews with orthopaedic surgeons who have led efforts to improve IPV awareness, response, and advocacy in their specialty.
- Dr. Mohit Bhandari, M.D., McMaster Univ.
- Dr. Debra Zillmer, MD
- Mayo Clinic
- Primary and secondary literature reviews and analyses
- Research in the historical archive at the Futures Without Violence nonprofit organization in San Francisco, California

RESULTS

Until the 1970s, IPV was a nonmedical issue. Starting in the 1970s, “wife battering” (thereafter termed “domestic violence”) and then “intimate partner violence” emerged as a major social and then public health issue.

- Terminology Evolution: (1) Wife Battering (2) Domestic Violence (3) Intimate Partner Violence

This emergence of IPV as a social, health, and finally medical issue occurred amidst the backgrounds and subsequent fallouts of the civil rights, feminist, and patients’ rights movements. The confluence of these social, cultural, and political forces shaped how both patients and physicians think about IPV and, in response, changed how medical professionals respond to this issue.

How IPV evolved into an orthopaedic medical issue:

- (1) Cultural awareness of IPV as a social issue
- (2) Recognition of IPV as a health issue
- (3) Creation of specialty-specific patient care policies and practices, as occurred in orthopaedic surgery.

CONCLUSIONS

This history of the medicalization of IPV in orthopaedics illustrates the close interrelationship between medicine and society and how particular health problems first gain recognition and then shape healthcare policies and practices.

Understanding the process by which social issues like IPV evolve into medical issues aids our understanding of the role that medicine plays in society and what we should expect of its professionals, such as orthopaedic surgeons.

The scope of medical practice changes over time as a result of cultural and social forces influences on both patients’ and healthcare professionals’ perceptions of health and medicine.

Figure 1. Medical silence on IPV stems from lack of understanding and communication:

Figure 2. How to break the silence on IPV in orthopaedic surgery:

BIBLIOGRAPHY