

Role of ophthalmologists in helping victims of violence

by Lauren Lipuma EyeWorld Staff Writer

Ophthalmologists have a unique opportunity to help the victims of intimate partner violence (IPV) and should not shy away from this responsibility, said **Erin Shriver, MD, FACS**, assistant professor of ophthalmology and visual sciences, University of Iowa Carver College of Medicine, Iowa City.

Speaking at the Women in Ophthalmology (WIO) 2014 Summer Symposium, Dr. Shriver described IPV as an underappreciated etiology of ocular and orbital traumas, and emphasized the need for ophthalmologists to take a more active role in recognizing and treating these patients.

Eye injuries are involved in 45% of IPV cases, Dr. Shriver explained, so ophthalmologists need to know how to recognize it and how to take action. Ocular injuries can range from orbital fractures and ruptured globes to retinal tears and hyphemas—so physicians from every ophthalmic specialty have the potential to see IPV patients.

After treating a female patient who experienced IPV, Dr. Shriver decided to find out how ophthalmologists could do more to help women in similar situations.

"I was impressed by her inner strength, her resilience, and I was frustrated by my lack of understanding and lack of comfort dealing with her situation," she said.

A global problem

The World Health Organization (WHO) defines IPV as physical, emotional, or psychological abuse inflicted by an intimate partner. While it is more common in women, it does occur in men as well, Dr. Shriver explained, and happens globally across all ethnicities, socioeconomic statuses, and relationship types.

In the U.S., IPV affects 12 million individuals each year and was estimated to cost \$8.3 billion in 2003, the last year that data was available.

As pervasive as IPV is, doctors do not discuss it often, and there are some glaring misconceptions regarding it, said Dr. Shriver.

"I feel that part of my role is to let us all know that it's out there and

it's happening in our patients," she told the audience at the symposium.

"We are seeing these patients in our clinic whether or not we realize it," she said. "We're affected because we're ophthalmologists and these women and men have ocular injuries, but also because it can be very severe."

A WHO global study of violence against women released in 2013 found that 40% of murdered women worldwide are killed by a male partner. Nearly half of these victims present to an emergency room within 2 years of their deaths. "It's our responsibility because we have an opportunity to redirect this devastating course," Dr. Shriver said.

Ask, assess, and refer

To get a better understanding of the scope of the problem at her own institution, Dr. Shriver worked with a team of ophthalmologists, including **Thomas Clark, MD**, to determine the prevalence of IPV at the University of Iowa and evaluate physicians' responses to it. Additionally, the team worked with the director of the Minnesota Center Against Violence and Abuse to develop recommendations for identifying and referring future IPV victims.

While there are mixed recommendations on universal screening of women for IPV, Dr. Shriver recommended that ophthalmologists screen all female patients who have an ocular injury or orbital fracture of unclear etiology.

She also recommended screening patients in a private room whenever possible. "I've found it helps thinking through what I'm going to say ahead of time," she said. "I say, 'There's a part of the exam I need to do [that] I can't do in this room. Can I take you next door?' That's my easy route to get them out."

Dr. Shriver stressed the need to be persistent when asking patients about the mechanism of their injuries and if they would like to speak with a social worker—patients may refuse the first time but may decide to accept help when asked at subsequent follow-up visits.

During a screening, the treating physician should assess if the patient is being physically, emotionally, or sexually abused, Dr. Shriver said.



Patient who sustained bilateral orbital floor fractures secondary to IPV



Coronal CT scan demonstrating bilateral orbital floor fractures

Source: Erin Shriver, MD

It is also important to assess the patient's safety once he or she leaves the hospital and to ascertain if there are children in the home that may also be at risk. Reporting IPV to the proper authorities is mandatory in certain states, so physicians should be aware of what their state requires.

The final thing the physician should do is offer support and refer the patient to the appropriate ancillary service, such as social work or counseling, psychiatry, local shelters, or law enforcement. If a treating physician is unsure of the proper course of action, there are resources available, including the National Domestic Violence Hotline. That number is 800-799-7233.

Intervention by physicians has been shown to be effective in resolving violence, Dr. Shriver said—studies have shown that when patients are screened and referred to a patient advocate, they do follow-up, and in one study, 49% of patients who followed up with a case

manager reported a resolution of violence within a year.

To help physicians remember the steps to proper screening and treating of an IPV patient, Dr. Shriver presented the acronym RADAR—routinely screen, ask direct questions, document your findings, assess patient safety, and review options and refer. **EW**

References

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Editors' note: Dr. Shriver has no financial interests related to her comments.

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