How did Intimate Partner Violence (IPV) evolve into an orthopaedic medical issue?

Historical perspective on the medicalization of IPV and the implications for orthopaedic training

ABSTRACT

BACKGROUND: What society defines as a health and/or a medical issue changes over time. Medicalization of behaviors and of social problems was a characteristic of the twentieth century in the United States, expanding the scope of medicine. Medicalization transforms healthcare by redefining expectations of and practices by health care professionals. This essay explores how care for Intimate Partner Violence (IPV) victims evolved into an orthopaedic medical entity and then considers the implications for training and for practice.

METHODS: Oral history interviews with two orthopaedic surgeons, Mohit Bhandari at McMaster University and Debra Zillmer at Mayo Clinic, who have led pioneering efforts to improve IPV awareness, response, and advocacy in their specialty were combined with (1) primary and secondary literature reviews and analyses, with (2) background research in the historical archive at the Futures Without Violence organization in San Francisco, California, and with (3) interviews and conversations with Lisa James of Futures Without Violence and with Jacquelyn Campbell of The Johns Hopkins University School of Nursing.

RESULTS: Until the 1970s, IPV was primarily a criminal justice issue, not a medical issue. Starting in the 1970s, “wife battering” (later called “domestic violence” and then “intimate partner violence”) emerged as a major public health issue. This paradigm shift set the stage for individual orthopaedic surgeons to take up the cause as an opportunity to improve patient care for victims of violence and abuse. As medicalization agents, they have shaped medical culture, establishing the current expectation that orthopaedic surgeons should screen for and respond to IPV as part of standard patient care. This emergence story has evolved as an updating function, with dynamics of the preceding stage(s) bleeding through into and embedding within the next one(s): (1) Justice Stage: cultural awareness of IPV as a social justice issue; (2) Public Health Stage: recognition of IPV as a health issue; and, (3) Clinical Medicine Stage: generation and implementation of specialty-specific clinical medicine tools and policies and training resources for education. During this history, individual healthcare leaders determined that IPV is a social issue that affects people’s health states significantly and therefore is a human condition that warrants responses in medical settings, including in orthopaedics. Yet, this rapid rate of medicalization has outpaced training, creating knowledge gaps in clinical practice.

CONCLUSION: This historized discussion of the medicalization of IPV illustrates the close interrelationships between medicine and society and how a particular health issue first gains recognition and then shapes medical practices and policies, as occurred in orthopaedic surgery. The evolution of IPV from a justice to a public health to a clinical medicine issue creates a tripartite framework that could be applied to the training of current and future orthopaedic surgeons. Various moments from and aspects of all three stages of this complex, multi-faceted history continue to bleed through today to determine and to shape the skill sets that orthopaedic surgeons need and should develop accordingly.