

---

## NTDB® data points

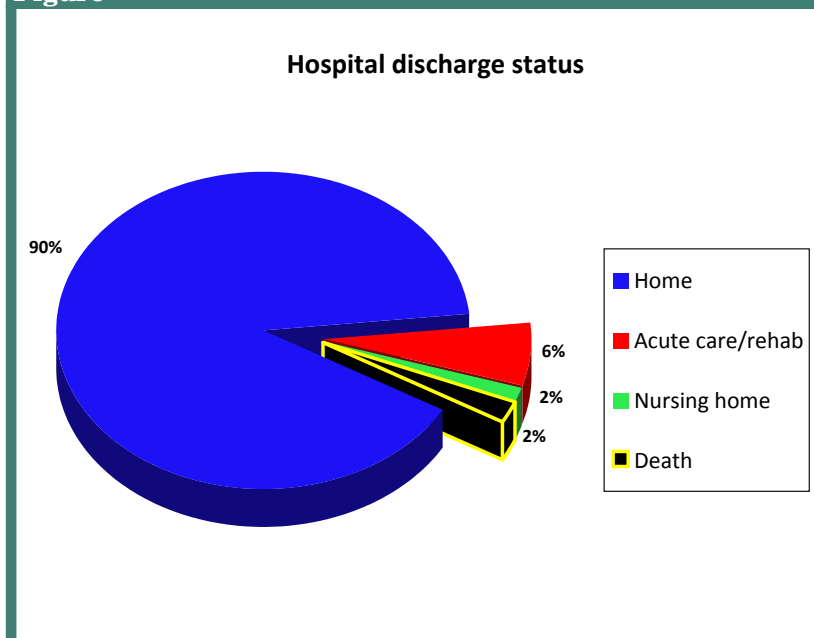
# IPV

by Richard J. Fantus, MD, FACS; and Naila Avery, MD

Intimate partner violence (IPV) is a serious, yet preventable, public health problem in the U.S. IPV exists on a continuum that ranges from episodic violence (single or occasional occurrence) to battering, which is a more frequent and intensive situation involving one partner maintaining control over the other. IPV includes four types of behavior: physical violence, sexual violence, threats, and emotional abuse. Each year in the U.S., women experience approximately 4.8 million intimate partner-related physical assaults and rapes, while men are the victims of 2.9 million intimate partner-related assaults. In 2005, IPV resulted in 1,510 deaths, of which 78 percent were female and 22 percent male. In 2003, the medical care, mental health services, and lost productivity due to IPV amounted to \$8.3 billion. ([http://www.cdc.gov/violenceprevention/pdf/IPV\\_factsheet-a.pdf](http://www.cdc.gov/violenceprevention/pdf/IPV_factsheet-a.pdf)).

In order to examine the occurrence of IPV in the National Trauma Data Bank® research dataset 2008, admissions records were searched utilizing the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) cause of injury code E967 (domestic abuse) and an age range greater than or equal to

Figure



18 years of age. 697 incidents matched this E code and age range; 516 records had discharge status recorded, including 465 discharged to home, 32 to acute care/rehab, 8 sent to nursing homes, and 11 died (these data are depicted in the Figure on this page). These patients were 72.3 percent female, and, on average, 37.1 years of age; they had an average length of stay of 3.8 days, and an average injury severity score of 7.7.

Looking at these data sup-

ports the observation of the underreporting issue with IPV. In our trauma center alone, we see several cases each month that are a result of IPV. IPV is an underreported problem that exists not only in the U.S., but also in many countries around the world. It is a complex and multifaceted problem that crosses cultures, classes, and income groups. The goal is to stop IPV before it begins. Strategies should be targeted at young people when they are learning dating skills, which

---

will help those at risk from becoming victims or offenders. For more information, visit <http://www.ncadv.org>.

Throughout the year, we will be highlighting these data through brief reports that will be published monthly in the *Bulletin*. The National Trauma Data Bank *Annual Report 2009* is available on the ACS Web site as a PDF file and a PowerPoint presentation at <http://www.ntdb.org>. In addition, informa-

tion is available on our Web site regarding how to obtain NTDB data for more detailed study.

If you are interested in submitting your trauma center's data, contact Melanie L. Neal Manager, NTDB, at [mneal@facs.org](mailto:mneal@facs.org).

---

### ***Acknowledgment***

Statistical support for this article has been provided by Chrystal Price, data analyst, NTDB.

---

***Dr. Fantus*** is director, trauma services, and chief, section of surgical critical care, Advocate Illinois Masonic Medical Center, and clinical professor of surgery, University of Illinois College of Medicine, Chicago. He is Chair of the ad hoc Trauma Registry Advisory Committee of the Committee on Trauma.

---

***Dr. Avery*** is a surgical critical care fellow at Advocate Illinois Masonic Medical Center, Chicago, IL.