

Intentional Firearm Injuries in Women – Looking Beyond the Trauma Registry to Discover Differences in Injuries from Intimate Partners

H.E. Finlay-Morreale, B.S.; B. S. Fisher Ph.D.[^]; J. Johannigman M.D.*.

University of Cincinnati College of Medicine – Division of Critical Care and Trauma *

University of Cincinnati College of Criminal Justice[^]; Cincinnati, OH

Presenter Heather Finlay-Morreale, B.S., medical student

Sponsor Jay Johannigman, M.D.

Methods: First, a review of all female patients over age 14 in the Trauma Registry at the Univ. of Cincinnati from 1998–2006. Second, a review of all female homicides 1998–2006 from Hamilton County coroner records. The relationship to the assailant was determined using the full medical record, court, police and other databases. Assailants were classified as intimate partners (IP) a spouse, boyfriend, lover, or former partner; family (F); acquaintance (A); stranger (Str), and unknown (U).

Results: There were 352 out of 4,357 female trauma patients were assaulted 99 (28%) with firearm injuries. More injuries were from Str than IP 45 vs. 30. The majority 18 (60%) of injuries attributed to IP occurred at home whereas 20 of 44 of Str injuries (44%) occurred on the street and 11 in an unknown location, which substantiates the attribution of assailant relationship. In coroner records there were 102 homicides, and 51 by firearms. Assailants were IP in 28 (54%), F in 4, A in 7, Str in 7, and Unk in 5 deaths. The 99 firearm injuries treated at the Trauma Center included 14 fatalities that were in the coroner’s records and 21 from outside the county leaving 63 non-fatal injuries occurring in Hamilton County. Table 1 shows combined data for Hamilton Co. of 63 non-fatal firearm injuries in the Trauma Registry and 51 fatal firearm injuries in 1998-2006. The fatality rate for women shot by an intimate partner was 4.5 times higher than a women shot by a stranger. All but 3 women died at the scene. The most common injury was a gunshot wound(s) to the head.

Conclusion: This study identified two populations of women at risk of firearm injury and homicide. One, women who are shot in the community by strangers. This under-recognized group needs investigation. Second, women murdered by intimate partners. Implementation of pre-existing screening tools for assessment of the risk of homicide is warranted in clinical settings. Legal measures that separate guns from persons convicted or in court proceedings for intimate partner violence could reduce homicides. One other question emerges. Are firearm injuries to women distributed by severity similar to men’s injuries or are they more likely to be either severely injured/dead or less severely injured? Does the Trauma Registry detect the patterns of firearm injury likely be seen in women and men equally?

