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What to do with #MeToo: pre and post presenting patterns of intimate partner violence

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Introduction: The #MeToo social media movement gained international status in October 2017 as millions disclosed experiences of sexual and intimate partner violence. People who experience violence from a former/current intimate partner may not present for care for many reasons, among them not knowing where to go for care, or not realizing they were experiencing abuse since the behavior was portrayed as 'normal'. Empirical research identified increased police reporting, internet searches, and new workplace regulations on sexual assault/harassment after #MeToo. Less is known about how #MeToo has influenced hospital-based care, particularly among IPV cases. We aimed to investigate if the #MeToo social movement influenced patterns of IPV cases presenting for emergency care. **Methods:** This study took place at the Sexual Assault and Partner Abuse Care Program (SAPACP), within the Emergency Department of The Ottawa Hospital. Patients seen from November 1st, 2016 through to September 30th, 2017 was considered Pre-#MeToo and those seen November 1st, 2017 to September 30th, 2018 was considered Post-#MeToo. All patients seen in October 2017 were excluded. Analyses compare the proportion and characteristics of IPV cases seen Pre- and Post-#MeToo. Log-binomial regression models were used to calculate relative risk and 95% CI. **Results:** 890 cases were seen by the SAPACP during the total study period, of which 564 (63%) were IPV cases. 258 IPV cases were seen Pre-#MeToo and 306 IPV Post-#MeToo. The clinical presentation for IPV cases was similar between both periods where approximately 42% of IPV cases presented for sexual assault, 50% presented for physical assault. An increase in frequency and proportion of IPV cases was observed post-#MeToo. Post-#MeToo there were 48 additional cases of IPV, corresponding to almost a 20% increase in risk compared to the Pre-#MeToo period. (RR: 1.19, 95% CI: 1.07-1.31) Post-#MeToo, there were more presenting cases of IPV among male/trans cases (9 vs 26) and youth cases (82 vs 116). **Conclusion:** #MeToo is a powerful social movement that corresponded with a significant increase in IPV cases presenting for emergency care. While the assault characteristics among IPV cases remained similar, an important contribution of this research is the increase in youth, male/transgender patients who presented for care post-#MeToo. Continued investigations into pre- post-#MeToo trends is needed to understand more about the changing clinical population and to inform resource and service allocation.

Keywords: domestic violence, intimate partner violence, trauma

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Clinically significant traumatic intracranial haemorrhage following minor head trauma in older adults: a retrospective cohort study

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Introduction: The primary objective of this study was to determine the incidence of clinically significant traumatic intracranial haemorrhage (T-ICH) following minor head trauma in older adults. Secondary objective was to investigate the impact of anticoagulant and antiplatelet therapies on T-ICH incidence. **Methods:** This retrospective cohort study extracted data from electronic patient records. The cohort consisted of patients presenting after a fall and/or head injury and presented to one of five ED between 1st March 2010 and 31st July 2017. Inclusion criteria were age $\geq$ 65 years old and a minor head trauma defined as an impact to the head without fulfilling criteria for traumatic brain injury. **Results:** From the 1,000 electronic medical records evaluated, 311 cases were included. The mean age was 80.1 (SD 7.9) years. One hundred and eighty-nine (189) patients (60.8%) were on an anticoagulant (n = 69), antiplatelet (n = 130) or both (n = 16). Twenty patients (6.4%) developed a clinically significant T-ICH. Anticoagulation and/or antiplatelets therapies were not associated with an increased risk of clinically significant T-ICH in this cohort (Odds ratio (OR) 2.7, 95% CI 0.9-8.3). **Conclusion:** In this cohort of older adults presenting to the ED following minor head trauma, the incidence of clinically significant T-ICH was 6.4%.

Keywords: head injury, intracranial haemorrhage, traumatic brain injury

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Factors associated with preventable trauma death: a narrative review

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Introduction: Trauma care is highly complex and prone to medical errors. Accordingly, several studies have identified adverse events and conditions leading to potentially preventable or preventable deaths. Depending on the availability of specialized trauma care and the trauma system organization, between 10 and 30% of trauma-related deaths worldwide could be preventable if optimal care was promptly delivered. This narrative review aims to identify the main determinants and areas for improvements associated with potentially preventable trauma mortality. **Methods:** A literature review was performed using Medline, Embase and Cochrane Central Register of Controlled Trials from 1990 to a maximum of 6 months before submission for publication. Experimental or observational studies that have assessed determinants and areas for improvements that are associated with trauma death preventability were considered for inclusion. Two researchers independently selected eligible studies and extracted the relevant data. The main areas for improvements were classified using the Joint Commission on Accreditation of Healthcare Organizations patient event taxonomy. No statistical analyses were performed given the data heterogeneity. **Results:** From the 3647 individual titles obtained by the search strategy, a total of 37 studies were included. Each study included between 72 and 35311 trauma patients who had sustained mostly blunt trauma, frequently following a fall or a motor vehicle accident. Preventability assessment was performed for 17 to 2081 patients using either a single expert assessment (n = 2, 5,4%) or an expert panel review (n = 35, 94.6%). The definition of preventability and the taxonomy used varied greatly between the studies. The rate of potentially preventable or preventable death ranged from 2.4% to 76.5%. The most frequently reported areas for improvement were treatment delay, diagnosis accuracy to avoid missed or incorrect diagnosis and adverse events associated with the initial procedures performed. The risk of bias of the included studies was high for 32 studies because of the retrospective design and the panel review preventability assessment. **Conclusion:** Deaths occurring after a trauma remain often preventable. Included studies

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