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FAMILY PRACTICE BOARD REVIEW MANUAL

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Intimate Partner Violence

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Intimate Partner Violence

Kevin M. Sherin, MD, MPH

PREFACE TO VOLUME 6

The issue of women's health has received increasing attention in recent years. From the federal Office of Women's Health, to the federally funded Centers of Excellence in Women's Health, to statewide initiatives, to residency curricula, more attention is being paid to women as decision-makers and consumers of medical care. At the same time, concern has been raised about what physicians learn and practice when it comes to the care of their female patients.

Within the family practice setting, the majority of patients are women. Increasingly, they are a group of educated patients, expecting their family physicians to be aware of and sensitive to their specific health care concerns. Not surprisingly, a recent review of women's health topics on the family practice residency in-training examination revealed that approximately 20% of the questions pertained specifically to the care of women (R. Williams, oral communication, November 2001).

With this reality as a background, the *Hospital Physician Family Practice Board Review Manual* will devote Volume 6 of the series to issues of women's health. Specifically, the volume will cover the topics of pelvic pain, premenstrual syndrome, domestic violence, and amenorrhea—all common, often challenging problems encountered in family practice that predominantly involve women. Pelvic pain and amenorrhea are frequently presenting symptoms. In contrast, many patients may not report premenstrual syndrome, believing it is something they must tolerate. All too often, the patient living with domestic violence will report other symptoms and injuries but be too embarrassed to admit what home life is like. The goal of family physicians should be not only to care for obvious conditions but also to uncover any that lurk in the background, in order to provide optimal patient care.

The authors of each part of Volume 6 are residency faculty who teach and practice in the area of women's health. It is their collective hope that the information and clinical cases presented will provide useful knowledge for the board examination and future practice.

Elizabeth A. Burns, MD, MA
Series Editor

INTRODUCTION

Domestic violence has traditionally been defined as physical violence between intimate partners. In recent years, however, the term has also been used to describe other forms of violence, including abuse of elders, children, and siblings. Moreover, when the term has been used in the past, it typically has overlooked male victims of such violence and violence between same-sex partners.

To avoid the latter omissions, the Centers for Disease Control and Prevention has adopted the term *intimate partner violence (IPV)*¹ to describe actual or threatened physical or sexual violence or psychological/emotional abuse by a spouse (or ex-spouse), a boyfriend (or ex-boyfriend), a girlfriend (or ex-girlfriend), or a date. IPV encompasses many common terms previously used to describe similar violence and abuse, including domestic violence, domestic abuse, spouse abuse, courtship violence, battering, marital rape, and date rape.¹

IPV occurs in all kinds of families and relationships. Persons of any class, culture, religion, sexual orientation, marital status, age, or sex can be victims or perpetrators of this violence. IPV is a crime—one of the most underreported crimes in the United States.

This manual will address the topic of IPV in greater detail, using a case-based approach to illustrate major points. The 5 identified phases of IPV will be discussed, and epidemiologic data illustrating the enormity and complexity of the problem will be presented. The physician's role in identifying patients at risk for or experiencing IPV will be examined, as will social services and legislative recourse available for victims of IPV.

CLINICAL PRESENTATIONS

CASE 1

A 23-year-old woman (para 0, gravida 1) at 14-weeks' gestation comes for a prenatal visit. She has been married for 2 years and is employed as a computer software consultant. She seems uneasy and reports that her sometimes volatile mood swings, which began at approximately