The facts are overwhelming. The Centers for Disease Control and Prevention (CDC) predicts that 5.3 million incidents of intimate partner violence (IPV) occur each year among US adult women and 3.2 million occur among men. Recent data from Group Health Cooperative demonstrates that about 46% of the female members have experienced physical, sexual, or emotional IPV in their lifetime, and data from the Kaiser Permanente Northern California Prevention Program estimates that in the previous year, at least 4% of women patients have experienced physical injury from an intimate partner—that is about 46,000 members in Northern California alone. The social and financial impact is enormous. The CDC estimates that the direct health care costs of IPV are over $4 billion a year. And, evidence has shown that IPV, along with its many comorbidities, is the number one cause of premature death, injury, and illness in women ages 15–44 years.  

It is difficult for even the most experienced clinician to recognize which of our patients are victims of IPV. The violence cuts across all socioeconomic and demographic categories. But we do know that routine screening of all patients is an effective way to identify victims and to offer them assistance. And we know that offering support and counseling to victims can improve the quality of their lives. 

Now that we understand these facts, how can clinicians begin to care for patients who are victimized by this overwhelming social problem? The first step would be to open The Physician’s Guide to Intimate Partner Violence and Abuse. This book is an essential tool for both experienced and new clinicians. It will help everyone better understand the impact of IPV and to start to comprehend the complicated issues that perpetuate the violence. 

Patricia Salber, MD, and Ellen Taliaferro, MD, have compiled the definitive handbook for health care professionals. Their chapters, along with those of their expert contributors, help us navigate through the complicated web of social, psychological, and medical issues that lie underneath the surface of IPV. Many clinicians are intimidated by the thought of dealing with IPV; they are unfamiliar with the proper language to use to screen their patients and they dread the time when a patient will acknowledge the violence in their lives—for fear that they won’t have the expertise or enough time to support them effectively. Fortunately, the authors help us realize the therapeutic value of simply asking the questions—even if our patients aren’t able to make immediate changes in their lives. And they help clinicians better understand why immediate changes may be difficult and even dangerous. They provide simple tips for offering support and referral to identified victims. And they help explain the social dynamics and practical realities that limit the speed with which change will happen. The book also outlines effective strategies to set up IPV screening programs in our clinics.

A particularly interesting chapter entitled “What Do We Know About the Perpetrators of Intimate Partner Violence and Abuse” helps us understand the prevalence of alcoholism and personality disorders among perpetrators. There is also inspiring information about the effectiveness of batterer intervention programs—with some data suggesting a re-arrest rate as low as 8% among batters who completed an intervention program. Some of the chapters will help you better understand information that you already knew or suspected about IPV. But some of the chapters—such as the one on Adverse Childhood Experiences and IPV—will turn everything you thought you knew about medicine upside down.

The book is an extremely well-organized resource. With its easy references, clear bullet points and excellent summary tables, it makes for fascinating reading all the way through—or an easy reference book to take off the shelf for a quick review. Wherever you are in your journey of understanding IPV, I highly recommend this book to take you further down the road.

Reference