

UNIT 7: VIOLENCE AGAINST WOMEN

Educational Topic 58: Intimate Partner Violence

Rationale: Intimate partner violence affects women irrespective of socioeconomic status. All physicians should screen for intimate partner violence.

Intended Learning Outcomes:

A student should be able to:

- Cite prevalence and incidence of violence against women, elder abuse, and child abuse
- Screen a patient for intimate partner violence
- Summarize the available resources for a victim of intimate partner violence including short-term safety

TEACHING CASE

CASE 1: A 24 year-old G4P3 woman makes an appointment to consult you about her “PMS.” She complains that she is “not herself” for several days before her period and that she can’t stop crying. She doesn’t have her usual patience with the children, aged 3 years, 2 years, and 8 months. She startles easily and is clumsy. Just last month, she accidentally broke a favorite figurine her mother had given her. She thinks she might have felt better when she took birth control pills, but her husband doesn’t think she should take drugs that “interfere with natural functions,” especially with this PMS problem. He doesn’t like IUDs, diaphragms or condoms, either. When you screen the patient for depressive symptoms, she denies appetite disturbance. Her sleep is somewhat fitful, but she has to keep an ear cocked to hear the children so that they won’t disturb her husband, as “he has to get to work in the morning.” Her energy and sex drive are not great, but she believes that’s pretty natural with three children. She manages to keep up with them and the housekeeping. She enjoys seeing other people, but doesn’t have much time for socializing.

Her husband, who has accompanied her to the appointment, confirms her account. He says she “would be a great little wife and mother if it weren’t for this darned PMS.” He remains in the examining room throughout the interview and general physical and pelvic exam. You have a difficult time performing a pelvic exam, as the patient is very nervous. The husband is holding his wife’s hand and patting her on the back from time to time. He tells you that you should hurry up and just do the exam, as she is always uncomfortable, “down there.”

The physical examination is essentially all normal, except for the difficulty conducting the pelvic exam and a small bruise on patient’s right arm.

COMPETENCY-BASED DISCUSSION & KEY TEACHING POINTS:

Competencies addressed:

- Patient Care
 - Medical Knowledge
 - Interpersonal and Communication Skills
 - Professionalism
 - Systems-Based Practice
1. What are the recommendations for who should be screened for intimate partner violence? What is the incidence and prevalence of intimate partner violence in the United States?

 2. What specific “warning signs” do you find above that indicate the possibility of domestic violence?

 3. How should this patient be screened for intimate partner violence?

CASE 2: The patient’s symptoms seem to occur in the premenstrual phase. It is not clear whether she meets criteria for major depression or dysthymic disorder as well, but since the treatment for PMS is selective serotonin reuptake inhibitors (SSRIs), which are antidepressants, you reason that you will treat the depression, if it is present.

After ordering a laboratory workup, you prescribe sertraline 50 mg/day. You also arrange to have her previous medical records sent to your office. Prior to her return visit 2 weeks later, you review her records and notice that she has made numerous visits to physicians with vague complaints of headaches and abdominal pains over the years. She has also been seen in the emergency department for a succession of lacerations and broken bones. Bruises were noted on these visits, but always explained by the patient.

When the patient appears for her visit, again accompanied by her husband, you ask the office nurse and clerk to engage him in a lengthy discussion of insurance benefits. When he is not present, you tell her that you are glad to have the opportunity to speak with her alone. She indicates that the medication has not made much of a difference in her symptoms. You tell her that people sometimes have symptoms like hers when others in their home are hurting them, and that you have noticed many injuries in her past medical history. She looks very frightened. You assure her that you are there to help and that you will keep her statements strictly confidential. She breaks down in tears and tells you that her husband’s temper sometimes gets the best of him, and she says, “He would kill me if he knew I had told anyone.” You assure her that no one has the right to hurt anyone and discreetly provide her with information about intimate partner violence.

COMPETENCY-BASED DISCUSSIONS & KEY TEACHING POINTS:

Competencies addressed:

- Patient Care

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- Medical Knowledge
- Interpersonal and Communication Skills
- Professionalism
- Systems-Based Practice

1. What resources should you discuss with the patient to assure her short-term safety?
2. What information should you give this patient about an exit plan to leave the abusive relationship?
3. What is the incidence of child abuse and elder abuse?

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