

A Message from the Editor

Threats to public health should be prioritized by their virulence and prevalence (to borrow from the epidemiology lexicon). An event that might result in unacceptable loss, even if the occurrence is of low probability, is usually worth the expenditure of a great deal of resources and concern. Thus, we spend much of the public health capital on things like preparedness for chemical and biological terrorism. The compliment, an event with high probability that is not as dire in its health consequences, is also worth a lot of attention, simply by virtue of the cumulative public health impact resulting from its high frequency. This is why much attention is given, for instance, to public health activities such as food inspection. It is puzzling then, when a condition that is both of high frequency and intensely harmful is allowed to go on unaddressed for years, decades, and centuries.

Unless the statistics that estimate the frequency and seriousness of violence perpetrated by one person on a partner are wildly mistaken, intimate partner violence must be counted among the most historically underappreciated threats to public health. It's hard to say why. Maybe it's because the home and home life has been held sacrosanct—to be kept private under any and all conditions. Maybe there is an entanglement with religious belief, which also is not to be questioned. A more frightening thought is that perhaps the problem is so prevalent that it is a part of most of our pedigrees, including public health practitioners and researchers, making it simply too uncomfortable to look at the subject directly.

It is possible that the proliferation of discussion of intimate partner violence on talk shows or the parade

of high profile prosecutions for partner violence (e.g., the O.J. Simpson and Scott Peterson trials, among others) initiated the change. Or maybe it was the constant reminders on subways and billboards providing toll-free numbers for people to call if they experience such violence. Whatever the reasons, the subject is finally getting its due as a public health problem to be reckoned with.

After hearing a radio interview on this subject last year with Dr. Jeffrey Fagan, I approached him to ask if he would consider serving as guest editor for a special issue of the Journal dedicated to the subject of intimate partner violence. He graciously agreed, and he and Dr. Christopher Maxwell have assembled this collection of new manuscripts on the subject. I found myself stunned by its examination of the problem, and hopeful about the action being taken.

As in every past successful public health intervention, researching the determinants of this behavior and instituting good preventive strategies designed to disrupt the natural history of this disorder is key. With this collection of good science and reflections by thoughtful researchers and commentators, it appears that progress is being made. I suspect, however, that society is still timid about fully admitting the extent of the problem. It's time to get over it. Just as we can now freely confront cancer, HIV, STDs, pregnancy, and even erectile dysfunction, we can overcome the taboo of talking about violence in families, accept that it is a widespread problem, and take the steps necessary to address it.

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