



Ending the Silence

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People are talking about domestic violence. Finally.

One good thing that has emerged from the media attention with domestic violence and the NFL is that people are talking about it. During the week following release of the Ray Rice video it was all over the national news, making it easy to engage both men and women in conversations about domestic violence. While the video was playing on a television in a Texas airport, I asked a young man what he thought about it. He looked directly at me and said, “I don’t think you want to know what I think.” After I assured him I did, he shared some very negative remarks about men who perpetrate violence against women. The significance for me was that it was easy to engage a man I had never met in a meaningful conversation about domestic violence. The National Domestic Violence Hotline experienced an 84% increase in calls in the days following release of the video.^[1] Perhaps we finally entered an era when the silence has ended. I sincerely hope so.



Suzanne
Leonard
Harrison, MD

I wonder if the increased awareness has translated to patient care. Many of us ask about domestic violence as a part of routine screening, but do we ask during clinical encounters? Do we ask the right questions at the right time, and in a safe place? In the flow of a busy clinic day, it is so easy to get caught up in addressing a patient’s primary concern, so easy to not dig further to find the underlying cause. We have so many pressures with 30+ patients per day, insurance issues, malpractice concerns, pay for performance, learning a new electronic health record. Many physicians find it difficult to query patients because of a personal history of abuse or neglect. Some physicians are currently in abusive relationships. The barriers are numerous, and we are only human.

I wonder how many of us actually ask about childhood trauma when caring for our patients. I wonder how many physicians really take the time to assess the abuse and neglect inflicted on our patients when they were children, and consider it as a contributor to current medical conditions. We’ve known for several years the tremendous impact that abuse and neglect during childhood has on adult health. I know that I don’t do it often enough, and I’m one of those docs who spends a lot of time delving into social history. Do I ask the right questions? Do I ask at the right time? Am I doing everything I can to make my patients feel safe? Probably not.

What now? I am certainly going to try harder to engage my patients – to encourage them to share the challenges they face now. I will ask specifically about current abuse in all forms. I will ask more often how past events may be affecting them now. I will revise my questions so that I can more effectively create a safe place for patients to share their struggles. And I will engage staff in assisting me with these efforts.

After all, medicine is a team sport.

Want to know how to engage domestic violence conversations with your patients and have resources for your learners? Join the [STFM Group on Violence Education and Prevention](#).

- 1. National Domestic Violence Hotline receives long-term commitment of resources from National Football League.** (September 19, 2014). <http://www.thehotline.org/2014/09/national-domestic-violence-hotline-receives-long-term-commitment-of-resources-from-national-football-league/>.