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A need to talk about domestic violence

By Suzanne Leonard Harrison My View FSU MED Oct. 25, 2012 tallahassee.com

It felt as if we stood on the sidelines while Holly was killed by her husband. Yes, we were all worried that her marriage was rocky and that he was a little unstable. She told us she had it all under control and we shouldn't worry.

Then one evening her soon-to-be ex-husband stopped by her apartment to collect the last of his belongings. He murdered Holly as she was getting his clothing out of the dresser. Holly was my friend. She was a compassionate woman and a well-respected doctor in our community.

The experience of losing a close friend to intimate-partner violence changed the course of my career. As we grieved the loss of a dear friend and colleague, many of us sought to learn more about how to identify violence in relationships and how we might help our patients. Most of us had little training in medical school on domestic violence, so we invited experts to help us grieve Holly's death and create a culture in which we had the tools to address these issues in our patients.

Education about domestic violence became the focus of my early career, with particular attention to practicing clinicians and other health-care professionals. I have led countless discussions over the years with those who feel ill-equipped to address issues related to abuse in the context of patient care. The clinician may feel powerless to impact the abuse, may be concerned about offending the patient, may have limited time with each patient or may have a prior personal history of abuse. What I know from dealing with those who have experienced abusive relationships is that our patients often want to share their hardships in the hope that we may be able to help.

Since relocating to Tallahassee in 2003, I have had the opportunity to care for survivors of violence in the safety of the shelter setting. It began with a few visits in response to phone calls about clients at Refuge House who needed to see a physician but did not feel comfortable leaving the emergency shelter. That evolved into a regular weekly clinic at the shelter. In 2009, we remodeled to accommodate a formal clinic area with grant funding from the Blue Foundation and Capital Medical Society.

I have shared the experience with FSU College of Medicine students by allowing them to accompany me to Refuge House. They learn how to care for patients with a history of abuse in

the safe setting of the shelter clinic. They discover first-hand how delicate these women and children can be, yet how strong they must be to survive the violence in their lives. It has always been my hope that this unique opportunity will have an impact on the way these students will practice medicine later in their careers. That dream was realized recently when one of our graduates wrote about an encounter she had with a young patient's mother. The experience at Refuge House with victims of domestic violence truly transformed her, opening her heart to injustices some of our patients experience.

Perhaps the recent My View by Executive Director Meg Baldwin about community resources and the services offered by Refuge House will help alleviate some clinicians' concerns. How do we ask our patients about domestic violence? There are so many ways to approach the topic in a way that makes a survivor feel safe. The most important thing is to listen and to validate the patient's concern.

October is Domestic Violence Awareness Month, and as the month draws to a close we all need to remember what we have learned and be more aware of the potential for violence in the lives of our patients, family, friends and co-workers. Reach out a helping hand, get involved and just be observant. No one chooses to be abused.

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RESOURCES

- Refuge House: http://www.refugehouse.com or call at (800) 500-1119
- Florida Coalition Against Domestic Violence (FCADV): http://www.fcadv.org
- National Domestic Violence Hotline: (800)799-SAFE
- Florida Abuse Hotline: (800) 96-ABUSE