

Alberta Doctors' Digest

Respond with courage

As a family doctor with a typical general practice of young families, I see ordinary people who are too often facing extraordinary challenges, especially when it comes to domestic violence. Every week I see at least one woman who is facing the effects of domestic violence in her past or present situation. Here is the story of one of my patients.

She is a woman in her mid-50s, suffering from acute anxiety. As her primary care physician, part of my role was to examine the underlying causes of her anxiety. At first, she was reluctant to reveal these to me. However, over time, we built a trusting relationship that allowed her to tell me about the many years of domestic violence and abuse she had endured in her first marriage. The details of her husband's abuse toward her and her children were horrific; including emotional, sexual, physical and financial abuse.

Initially, I felt powerless and helpless in my ability to help her. Her anxiety, far from being irrational, such as a fear of flying or of spiders, was rooted in a real-life experience in which the man she loved had turned against her, manipulated her and violently attacked her. She had been betrayed to the very core when she was expecting love and acceptance.

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When she had asked for help, few people believed her. They often sent her back home to her attacker. She had very little trust left in the medical or judicial system. She was often hostile and frustrated toward me, and as I listened to her story, I understood the hostility was toward the medical institution I represented, which failed so many times to help her.

Instead of simply providing medication to help her with her panic attacks, we implemented a program of treatment which included counselling, chronic pain treatment and mental health supports. After four years of supportive care by me and my colleagues, she recently told me that for the first time in her life, she sees light and feels hope. She has dreams for her future and is learning to love and accept herself. She now views herself as a courageous survivor, instead of feeling the guilt and shame of being a helpless victim. Women suffering from violent attacks from their partners often blame themselves; unfortunately, so does society.

Over time I began to feel like I could help her make a difference in her life even though I feel relatively unsupported by a system that does not recognize the extent or nature of this problem. This type of care takes time, teamwork, energy and compassion.

The first step must be prevention. As a family physician, I am trained in primary prevention – I don't treat acute heart attacks, but I work with my patients to help prevent heart attacks by quitting smoking, lowering cholesterol and blood pressure. Prevention is always more cost-effective and humane.



The World Health Organization estimates that one in four women in Canada will experience intimate partner violence or sexual violence in her lifetime. As a basis for comparison, consider that one in eight Canadian women will be affected by breast cancer in her lifetime ... take a moment to reflect on that. (Photo credit: Pexels.com)

I want our society to develop similar approaches to domestic violence:

- How do we prevent it?
- How do we give the best care possible to minimize the suffering?
- How do we help people heal so that domestic violence doesn't repeat itself?

I believe the answers to these questions start with the willingness of our society to completely change our understanding of family violence. We must shift our attitudes to understand these things:

- Family violence is a common problem.
- It is a root cause of difficulties which can span generations.
- That violence has an enormous cost to our society in respect to addictions, mental health issues and chronic diseases.

The stories of women I encounter are also supported by medical and scientific evidence. In 1995, Dr. Robert Anda, a prominent American public health physician with the Centers for Disease Control and Prevention published the results of a study on what are known in the medical world as “adverse childhood experiences.” His study demonstrated the impact of child abuse on women, children and men throughout American society. Anda has described his research this way:

“Stumbling on the gravest and most costly public health issue in the United States ... Eradicating abuse of children in society would reduce the overall rate of depression by half, alcoholism by two-thirds and suicide, drug use and domestic violence by three-quarters. It would also dramatically improve workplace performance and vastly decrease the need for incarceration.”

In Alberta, almost 10,000 women and children were accommodated by shelters in 2016-17. More than 22,000 were turned away in the same period. The World Health Organization estimates that one in four women in Canada will experience intimate partner violence or sexual violence in her lifetime. As a basis for comparison, consider that one in eight Canadian women will be affected by breast cancer in her lifetime. So women are twice as likely to experience intimate partner or sexual violence as they are to experience breast cancer.

Take a moment to reflect on that – and then reflect on how well resourced our public health campaigns are to screen for and diagnose breast cancer. Every doctor’s office provides information about mammograms, and we have high-profile campaigns and plenty of fundraising for research to treat breast cancer. The work to prevent and cure cancer is hugely important. I want it to continue. But I also want us to understand how we are neglecting the public health implications of domestic violence.

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One simple – and unscientific – comparison is to outline the budget for the federal organizations which work to end breast cancer and to end domestic violence.

- The annual budget for Women’s Shelters Canada, the network which supports shelters and organizations like the Alberta Council of Women’s Shelters is \$248,137.
- The budget for the Canadian Cancer Society, which incorporates Breast Cancer Canada is \$137,146,000.

I think the funding gap between these two charities demonstrates the comprehension gap in our society about the social and health impacts of domestic violence on the lives of women, children and men.

I believe every health care professional can help recognize and prevent the domestic violence that occurs every day. When women ask for help, the system we are part of must respond with a courage that matches hers. Too often, victims are ignored, told they

need to “prove it” or responded to with a lack of urgency. Domestic violence is life threatening and life altering.

As a society we must re-imagine domestic violence as a problem we can solve and eliminate. This is not easy work. But we can no longer afford to be shocked and horrified by stories of appalling domestic violence because people aren’t helped by our shock and horror. Let’s work together as health care professionals to eradicate this tragic public health issue.

Editor’s note: This article began as a speech delivered by Dr. Squires at the Alberta Council of Women’s Shelters annual Breakfast with the Guys event. With the assistance of Eoin Murray, the speech was transformed into this article, first published in CLPNA’s CARE magazine.

References available upon request.

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