[Text on screen] More Than Words, Responding to Domestic Violence, Part One.]
[Lynn Kuffel] I remember when I was pregnant with my daughter, and he came home and he takes the gun and he starts clicking it at me. Click. And he just said, "Click," and I just sat there. And the phone is right here. I could feel my stomach. I mean, I was seven months -- six or seven months pregnant with my daughter, and I felt like -- like -- almost like she was inside cringing inside, and I was just sitting there, and it was like inside my whole body was shaking thinking, oh my God, what am I going to do? You know, and I thought -- I looked at the phone. I thought, I can't pick it up. If I move, he'll kill me.
[Stacy Allison] At one point in our relationship, Mark hit me and gave me a black eye. Well, I didn't realize it was a black eye until I woke up the next morning and my eye was swollen and -- and black and blue. And he told me, "Well, you can't go out of the house today. You know, you should stay home and maybe you could work on accounting and things like that."
Well, I had a lot of things -- errands I needed to run, and I said, "Well, I -- I have to go do these things." And he said, "Okay. Well, tell them that you got -- that you were using the big drill and that it spun around and hit you in the eye."
And, first of all, I said, "No. I'm not going to tell anybody that that's what happened." And then all of a sudden I found myself downtown in the coffee shop and someone asked me how I got a bruised eye, swollen eye, and I turned around and I told them that I had gotten hit with the drill.
[Sharon Akins-Utley] And this guy spoke to me on the way in, he said, "Hey, baby," or something like that, and my husband grabbed me by the back of my hair, pulled me out of the club, threw me in the car, and then drove several blocks from the club, pushed me out of the car onto the sidewalk while the car was moving, and then he chased me through lawns. I mean, he literally tried to run me down. No one did anything was the most amazing thing. I said I'm going to die right here on their lawn, and they're not even going to know who it is, who has been killed.
There was another occasion in the home. We were in our first apartment, and I had visited a friend that he had forbidden me to see. It was a married couple across the court that I used to go see. She didn't work, and I wasn't working either, so we spent afternoons together. And she would take me shopping, because I didn't have car privileges at that time.
And he came home during lunch and discovered me gone, and he waited until I came back to the house, and he proceeded to beat me in the head with a Mateus bottle. I didn't think I was going to make it through that either, but I did. And that was the first year of my marriage.
[Slide showing "Stacy Allison, First American woman to reach the summit of Mt. Everest." Shown climbing.]
[Stacy Allison] When people meet me and find out that -- that I've been involved in an abusive relationship, they are usually very appalled. And looking at me, you know, they -- they just cannot believe, with all the things that I've done in my life, and what I'm doing now, that I could ever have been in a relationship like that. And I guess the point is, is that every kind of person can be involved an abusive relationship. The perception of an abused woman I think needs to be changed. It can happen to anybody.
[Text on screen] In an average 12-month period in North America over 2 million women are severely assaulted by their male partners. Women are more likely to be assaulted and injured, raped or killed by a current or former male partner than by all other types of assailants combined. Over one half of all women murdered in the United States are killed by a current or former male partner. In the United States today, battered women's shelters must turn away 5 women for every

2 they help. There are only 1200 battered women's shelters in the country. There are 3800 animal shelters.
[Text on screen] "The Rule of Thumb"
[Prosecutor Andrea Cabral] It wasn't that long ago that it was actually the law that, because a husband was responsible for the misbehavior of his wife, he had the right to chastise her. And certain laws actually had the language that he could hit her with a stick that was no bigger than his thumb.
[Dr. Nancy Sugg] And that's part of our culture, which we have continued on. And I think that the fact that marital rape is not a criminal charge in most states that can be made and successfully prosecuted tells you that we haven't gotten very far from the rule of thumb.
[Text on screen' Nancy Sugg, M.D. Assistant Professor of Medicine University of Washington, Seattle, WA
[Prosecutor Andrea Cabral] There's a sense of entitlement, because dinner wasn't cooked on time, or because the children weren't put to bed at a certain hour, or because the martini wasn't dry enough, that I am -- that I, as a husband, am entitled to beat my wife.
And that's grounded in an idea that men are the heads of the household, they are responsible for everybody who lives in that household, and that they have the right to basically direct the activities of their wives and that it is a private thing. What goes on in a man's home is his own business.
[Dr. Nancy Sugg] One reason a lot of people fear asking about domestic violence, it is considered private. That what happens at home is people's business and not for you to ask about.
[Sharon Akins-Utley] I was raised not to talk about my family business between husband and wife to outsiders, and so was he. So I thought it was appropriate not to share that my husband was beating me on a regular basis with people outside.
[Dr. Lee Ann Hoff] The notion of wife-beating as a private matter between husband and wife goes back many, many centuries to the fundamental legal definition of wives as property of their husbands. And from that of course it follows that if and when a man beat his wife, it was to be kept private between the two of them. And of course deeply-seated values like that do not die easily, and so today we still have the beliefs that whatever happens between a husband and wife is between the two of them.
[Stacy Allison] The town that Mark and I lived in, Springdale, is a very small town of 250 people. And no one in Springdale knew that Mark and I had an abusive relationship. I would not tell anyone here.
[Text on screen] A Deadly Standard
[Dr. Lee Ann Hoff] That most famous question that we put to battered women: Why don't you just leave? When we stand back for a moment and think about that question, not the answer to the question, but the fact that we're asking that question, is a victim-blaming question.
When we ask that question, the woman has to think about, what did she do wrong? What does she have to do to make it right? Basically, it's a question like those other things we put to battered women. What did you do to provoke him? What could you have done differently? What could you have done to have pleased him?
Essentially, these are all victim-blaming questions. Why don't we ask a different question such as: why is he allowed to stay?
[Stacy Allison] First of all, I could not believe myself that I was in a relationship like this. Certainly, if anybody had asked me before I had gotten married to Mark, you know, "Well, if he

hits you, what would you do?" I would have said, "Well, automatically, I would leave. I would never be involved in an abusive relationship."
And then to find myself in a relationship like that, and staying in that relationship, it was almost like there was something wrong with me all of a sudden. That all of a sudden it was maybe my fault.
[Sharon Akins-Utley] From the beginning of the day until the end of the evening, either dinner wasn't exactly what he wanted, the house wasn't immaculate enough, or I didn't look presentable enough, I ended up walking on eggshells. I was always second-guessing myself, wondering if, you know, am I competent?
[Patricia Cullen] The beginning of abusive relationships, what really keeps you there is fear. It is fear because if somebody wants to hurt you, they will be able to. It is fear because when you go out and you tell your story, not many times you are going to find that support.
[Sharon Akins-Utley] I used to call the police, and they used to tell me -- well, they used to ask me, "What did -- what was I doing? What was I doing wrong?"
[Lynn Kuffel] I used to blame myself, that maybe I did something wrong, maybe I wasn't loving enough, maybe I wasn't kind enough, maybe if I did this, maybe if I did that. It got to the point where I woke up one day and I thought, oh my God, if I blink too many times, will he notice?
[Prosecutor Andrea Cabral] I think it begins with verbal abuse usually, consistently tearing the person down, making them feel as though they somehow deserve to be hit, or that they are fortunate to be in the relationship with the batterer to begin with, because no one other than this infinitely patient batterer would ever put up with them.
[Stacy Allison] A lot of like being cornered and spat on and just had horrible things said to me, things like that. I mean, it's pretty degrading when somebody spits on you.
[Prosecutor Andrea Cabral] And then it usually escalates to a slap or a slap or two, and it's invariably followed by apologies that are tempered with "but I only hit you because."
[Sharon Akins-Utley] I would listen to my husband's excuses as to why he was unable to control his violent behavior toward me. And it was -- it always started with "You made me, if you hadn't said, if you had just done, then I wouldn't have beat you."
[Prosecutor Andrea Cabral] And the beating escalates and the apologies invariably follow, but the injuries start to get worse. And usually by the time the woman realizes that it has been going on, often for years, she is already in a mind-set to accept the beating, already feels terrible about herself, has completely lost her self-esteem, doesn't feel that there is anywhere to turn, and usually the batterer has isolated her from any friends or sources of help.
[Patricia Cullen] If you are surviving and being -- and living in fear for a long -- long periods of time. You learn to -- to believe that there's no way out. You learn to believe there is no hope, and this feeling of helplessness is what primarily you do experience. You start to believe that you are not worth it, that you are not capable, and that you can't do anything about it.
[Stacy Allison] When Mark left me for another woman, I mean, it just sort of wrapped it up into a nice neat package that I was a worthless individual, I was ugly, I was stupid, you know, that no one would ever love me. "And, see, I -- I can't even love you anymore. I found someone else, and now I'm -- I'm finished with you. I'm throwing you away."
[Dr. Nancy Sugg] One thing that happens to women often in battering situations is that they become emotionally isolated from people that can help them reality test. The -- it's not unusual for the batterer to say, "I don't want you calling your mother anymore. Your friends are stupid; I don't want them around the house. Get off the phone." Or to monitor phone calls or monitor

where the person goes, so that what the person loses is a sense of somebody saying to her, "This is not a healthy situation, and you are not a bad person who deserves to be beaten somehow."
[Text on screen] An Issue of Control
[Stacy Allison] At the time, I didn't understand the abuse as a way Mark could control me. I didn't think about it like that. I used to think that, you know, Mark was very angry. He has a very explosive -- Mark, my ex-husband, was just a very angry person, a very explosive temper. So I never thought, really, about the fact that it -- it was a way to control me. But now I think -- looking back on it, I think that was part of it.
[Dr. Nancy Sugg] One of the fallacies that we have about batterers is that they have gotten so angry that they have hit the other person. And often when courts send batterers for treatment they send them to anger management, and this isn't a matter of anger. It's a matter of control.
[Sharon Akins-Utley] I was not the reason for his temper tantrums and his violent outbursts. That the reason was he wanted total control over me versus all of the other situations in his life that he had no control over. I'm sure that he got mad at his boss on the job and co-workers, and he didn't beat them up.
[Prosecutor Andrea Cabral] You find a marked lack of aggression by many batterers in their outside lives, and it runs in direct contrast to the -- to the absolute brutality that they show when they are in the confines of their home, because that is where they control.
[Dr. Nancy Sugg] The problem when people look at what goes on and the dynamic between batterers and victims is that there is clearly evidence that this person is able to control their anger, that that's not the issue. They have somewhere along the way learned that violence is a very efficient, effective way of controlling the other person's behavior.
[Dr. Lee Ann Hoff] People learn control from their families, from the way they have been raised, from numerous messages from the general culture, and from the idea that control is an acceptable way to solve problems. But control is never right. Control is a violation of the other person's basic human rights.
[Prosecutor Andrea Cabral] I am absolutely furious that people can be treated this way, and that it can be so widely accepted. And I'm absolutely furious that like rape victims of years past, and even currently, that somehow it becomes the responsibility of the battered woman and not the batterer.
We do everything that we can possibly think of to blame the person who is being beaten. And when you stop to think of what kind of energy and time is being invested in putting this person in this place, it's infuriating to think that one human being has such an overwhelming need to control and dominate that they would perpetrate this on another, a person that they claim to love, and under the guise of loving this person continue to hurt them.
[Text on screen] A Public Health Issue
[Prosecutor Andrea Cabral] We churn out violent people. We make violent people in this society, and some of those violent people are gay and some of them are heterosexual, some of them are men, some of them are women, some of them are -- are disabled, some of them don't fit your picture of what a batterer is.
A batterer is not a person in -- of low income who maybe works a janitorial job and swills beer at night. Certainly, they are people who fall into that category who are batterers, but there are just as many who live in lovely houses with acres and acres of land and drive fancy cars and are professional people. They do it, too, because it -- it does not discriminate between socioeconomic class or race or gender. People are violent, and they are violent toward other people, and it really doesn't make a difference where you come from.

[Dr. Nancy Sugg] This really is a public health issue. That when you see an injury that is caused by an intimate partner, the chances are you're going to see that injury again, and it's going to be a worse injury next time. And that it doesn't simply go away by patching up the injury and sending the person out the door. And that it does affect more than just the two people that are in the -- in the relationship, that it affects the children and it affects future generations of how -- how we deal with violence in the family.
[Prosecutor Andrea Cabral] Battering is one of the leading causes of infant mortality and birth defects in pregnant women. So it's not a lack of prenatal care, and it's not malnutrition, and it's not neglect. It's because the fathers of these children or the boyfriends and husbands of pregnant women are literally beating their children to death in the womb.
[Dr. Nancy Sugg] Physicians are beginning to very strongly realize that this is an important issue, and many professions, not just physicians, are saying, "Help me understand what I need to do."
[Prosecutor Andrea Cabral] It's not only physicians that can be of this kind of service to battered women. Clergy, nurses, dentists, any kind of health care provider, social service people, that includes Department of Social Service workers, case workers that come to the home for any one of a variety of reasons or services, can all be of help, anyone with whom this woman has some trust and can place some confidence in, or anyone who might be intimately familiar with the family situation.
[Dr. Lee Ann Hoff] I believe every health and mental health professional has an obligation to ask basic questions about the possibility of abuse or risk for abuse at any entry point or point of contact for treatment or ongoing care within the entire health care system.
[Prosecutor Andrea Cabral] So it really is a societal problem. And anyone who is in a position to help should help, and anyone who feels reticent about helping because they think they're prying into someone else's business, think of it as a societal problem, as a public safety issue, and a public health issue. Do what you are obligated to do as a citizen to help someone who is in this situation.
[Text on screen] To do no harm...
[Prosecutor Andrea Cabral] Once physicians come to understand that that's -- that should be part of their treatment of a patient, that it's not enough just to put the band-aids on and to patch up -- stitch up the wounds, and so forth, I think that they will -- they will prove to be as valuable a resource as the criminal justice system, if not more so, because many women who would disclose to their physicians and take advice from their physicians would still be reluctant or would refuse to come before a criminal court.
[Dr. Lee Ann Hoff] The issue of assessing for abuse and the possibility of battering and violence is no longer a matter of debate. This should be a routine question to be incorporated into all protocols used by health and mental health professionals at every single point within the total continuum of care that a battered woman is likely to receive from beginning to end.
[Dr. Nancy Sugg] When I did the study on primary care physicians' response to domestic violence that appeared in JAMA in 1991, one of the things that did not come across in black and white when you read the study is the fact that physicians were very concerned about this. They felt like they didn't do well at dealing with domestic violence, and they wanted to do well. That it was a very frustrating thing for them to not know what to do and to feel scared to ask the question because they didn't know what to do.

[Dr. Lee Ann Hoff] Violence prevention and the care and treatment of victims is, by definition, an interdisciplinary matter. There is really enough work here, sadly, to go around for everyone. But if there's an understanding that everybody does something, and we all work together, then we will make sure that within the total picture the comprehensive tasks are completed, but not necessarily by one person. And so if we all have the big picture, plus the picture of what our particular role is, then no woman is going to fall through the cracks because of our failure to work together.
[Lynn Kuffel] Anybody who comes in contact with a battered woman can make a difference by how they respond to her. Whether it's in the medical field, whether it be in the -- the justice system, or it could be the next-door neighbor or someone passing on the street [birds whistling], they can make a difference. A big difference. A matter of life and death, because sometimes it's just that tiny little phrase of love and acceptance can be a seed.
[Dr. Lee Ann Hoff] In my research with battered women, I asked them, "What do they want from health professionals?" and over and over again they said, "Just be there for us. Don't just give us tranquilizers, and don't treat us like we have a communicable disease or something. Don't ask questions that make it seem like it's our fault. Just give us information and work with us around our plans and just be there for us."
[Patricia Cullen] In our experience, the stories of battered women, are really telling us that what they need is, first of all, that providers create a safe environment for them; secondly, that really they -- they support them in their decisions, know that providers will make the decisions for them. And I think that is what the message through all these years most of women have stated is really they need to be empowered and they need to be heard.
[Sharon Akins-Utley] Well, to me you should always leave the door open for further disclosure. If for any reason you feel that your life is in danger, if for any reason you need to talk, you may not feel comfortable talking with me, maybe you would like to talk to someone else, but the door is opened for you.
[Stacy Allison] The counselor -- never once when Mark and I went, he never asked me, "Are you okay in this relationship? Do you feel safe in this relationship? Do you need any other help? Can I be of any other assistance to you in dealing with your safety?"
[Dr. Nancy Sugg] I think one of the worst things that a professional person can do, whether it's a physician, a nurse, a dentist, a clergy person, is to hear somebody say something about domestic violence, admit that it's going on, and then say nothing, to have no response to it at all. I think that's a very devastating thing to do to a person in a battering relationship, and can actually enable that person to stay in that situation much longer.
[Stacy Allison] If it had been a counselor who was -- who listened to me, who actually heard what I was saying and didn't blame me, then it would have been a different story, because then you feel secure and you feel that there is trust there, and that you can tell your story.
[Dr. Nancy Sugg] And if they don't have time, then be honest and say, "I don't have time to talk about this now, but what you've just said to me is very serious and concerns me. I want to make an appointment and see you later." And that, you know, tells the person you take this very seriously, and you don't have time, and sometimes that's just the reality of what is going on, that the message that needs to get across is this is serious, and this needs to be followed up on.
[Slide showing "...to do some good."]
[Lynn Kuffel] What she needs is acceptance as a person, that behind those bruises and the broken bones there is a person who is worthy of love. And they need that. Love is not just [birds whistling] hugging and kissing, but it's just letting them know that you care. Educate

yourself. Find out where [birds whistling] the shelters are and the hotline numbers are, and give this to this person.
[Dr. Nancy Sugg] When it comes to dealing with domestic violence, I think one of the mythologies that people have is, if I talk about this, I'm stuck for an hour and a half. If you have a clear plan in your mind about what you need to say and what you need to assess, you can do a lot in five or 10 minutes.
[Patricia Cullen] The secret is to feel as comfortable as you can personally with the issue of violence. I think that that is number one. The other important thing is to really understand that you are not going to solved the problem, or you are not going to provide yourself the services. And I think that helps a lot for -- especially in the medical community. Many times doctors are so afraid to ask the question, because they feel that, well, now that I know, I have to solve it.
[Dr. Nancy Sugg] And it really breaks down into three things. One is that you need to make a statement about how seriously you take this, that this is a criminal act and you don't deserve to be beaten at home, that the patient has done nothing to deserve this, that this is a serious medical problem that can lead to further trauma.
The second thing is to assess safety, and that doesn't take a great deal of time. You need to go over with the patient, do they feel safe going home? Most women will be able to tell you accurately whether they feel safe going home, whether they feel they are going to be more severely beaten or whether there is a homicide in the making.
Then, you need to find out, what are you going to do if this happens again. And you need to just walk the patient through various things that they may not have think -- thought of. After you've done that, you need to have resources available to provide to the woman. It may be dangerous to provide them with a brochure. It's nice to have them around, but if they are found with that in their purse it may actually lead to a worse beating.
So you need to be aware that that may not be the best thing to do. Memorizing the number may be the best thing to do. Showing her where it is in the telephone book may be the best thing to do. So those are the basic things. You can do that in 10 minutes.
And the other thing you have to look at is that this is a medical problem. And that just as you wouldn't hand somebody a drug for high blood pressure and say, "Well, we'll see you around when this -- you know, if this becomes a problem again," you don't do that with domestic violence either. You set up a follow-up appointment, and you say, you know, this needs to be followed up on.
[Patricia Cullen] The most important thing is to empower women, to support them in their decision, and I think that as a provider that is what your role is, not to decide for her, not to completely protect her, not -- not to solve, but to support in her time, her decision, and to be knowledgeable about the different resources that do exist in the community.
[Lynn Kuffel] And I think the fact that I knew that there was a shelter, that I finally made that break, it wasn't that very next day, it was in a couple of weeks I had made that move. And I just planned it. He happened to be out on a fishing trip, and I thought now is the time.
And it took me calling a girlfriend collect and she said, "I wish I had money; I'd fly you up here." She said, "Don't you have any money?" I says, "Yeah. I have $300, but that's the rent." She goes, "The hell with the rent. There's your plane ticket." I mean, talking about someone being overly responsible. It was like, "No, this is for the rent." Never mind the fact that I might not live long enough to enjoy a month of rent there.

But I did -- I took that money, grabbed what I could for clothes, and once I got my things on the airplane I called, made an emergency collect call to my brother who was staying at the college, I said, "I'm on my way." He says, "Where are you staying?" I said, "At the dorm with you tonight. You can throw me out in the street tomorrow, but I need a place tonight."
It was scary. I was terrified going out on my own. But I'll tell you, waking up and not having to worry about how if I blink too many times is -- is -- it's a gift for me.
[Stacy Allison] What my friend did is -- is basically when she confronted me, she could see that I was injured, and she also knew that I wasn't telling the truth. She also knew that it was not my fault, and she told me these things. "It's not your fault what happened." So basically taking the blame off of me and allowing me to say, "You're right, it wasn't my fault. This is what happened." I mean, it was so relieving to -- to realize or to just have somebody say, "It's not your fault. Tell me about it."
[Sharon Akins-Utley] And it was difficult for me. I had to practice leaving. When I look back on it, it's -- I was practicing, and I stayed gone longer each time I left. The difference between the last time I left him and my other previous attempts to leave him was that I wasn't sure of myself. I wasn't sure I knew what I was doing.
Well, I charged my way to Boston. I -- I rode first class, and I had my little housekeeping head scarf bandana on my head, and my little raggedy jeans, sitting up front with all these businessmen. It was a riot. And I told them that I was battered and everything. It was funny. And they talked with me, and they were very interested in my story. I cried, I laughed, I cried, I laughed, but I felt freedom for the first time.
[Lynn Kuffel] Just treat me with respect. Don't judge me because I'm being beaten. Be maybe a little more sensitive than you would someone who is not being beaten.
[Stacy Allison] And I know you can't give empowerment. You can't make a person feel powerful. But I think just the listening and the validating does that, somebody who can -- can let you know that you are worthwhile, that you are important as an individual.
[Sharon Akins-Utley] And to ask, "Are you in an -- in an abusive setting? Are you being abused by your husband?" However they want to phrase it, as long as it's direct and to the point, and allow this person to disclose, so that they can seek the help that they need. That's the most important thing; ask the question.
[Slide thanking Stacy Allison, Lynn Kuffel, and Sharon Akins-Utley.]
[Credits on screen] Produced by David Doepel, Directed by Douglas Snyder, Written by Barbara Connell, Associate Producers Lee Ann Hoff, R.N., Ph.D. Georgia Green, LICSW, Camera Douglas Snyder, Matthew Wilson, Editing Douglas Snyder, Sound Kim Hertz, Scott Leban, Chris Smith, Research/Production Assistant Kim Hertz, Make-up Victoria Porter, Sound Recording Newbury Sound, On-line Editor Collins Dickinson, Post Production by Post FX, Inc. Boston, MA, Original Score Felicia Brady, Piano and Vocals Felicia Brady, Cello Sandi-Jo Malmon, Publicity BOOM Communications New York, NY.
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Council, Suffolk County D.A.'s Office, Harvard Community Health Plan Foundation, Newton Highlands Congregational Church

[Text on screen] More Than Words, Responding to Domestic Violence, Part Two.
[Lynn Kuffel] And I went to my obstetrician. I was terrified. I used to feel like he'd come in, he did his basic -- the basic checkup and inside I wanted to barrier the door and say, "Please don't leave yet. Just talk to me. I'm scared shitless about this." I mean, I was beat on when I was pregnant, too.
But I didn't feel like there was anybody I could talk to. I thought I was the only one. I thought that it was -- to tell someone else, there was a lot of shame. And there were times that I had gone and I know I had some marks on me, and they never asked, "What happened?" No one ever said anything.
[Stacy Allison] When Mark and I went to the counselor, first of all, the counselor wanted both of us to go together, which I don't think was a good idea because it wasn't my problem. But what happened in -- with our sessions with the counselor is that he basically came to the conclusion that Mark reacts to the way I act, and basically it's my fault, not Mark's fault. He can't control himself.
The counselor -- never once when Mark and I went, he never asked me, "Are you okay in this relationship? Do you feel safe in this relationship? Do you need any other help? Can I be of any other assistance to you in dealing with your safety?"
[Sharon Akins-Utley] Because I was dying to tell somebody, somebody that I felt was in authority. I had told the police, and they didn't help me. The only other strong authority figure in my life at that time were my physicians. They knew I was depressed, severely, and -- but they never asked why. They were willing to give me medication for the depression, but not ask why am I feeling depressed, because I think at that point I would have just dumped everything if someone had asked directly.
[Text on screen] Before the Question
[Dr. Angela Browne] When an abused woman comes to you, she may look like quite fragmented, she may be quite distressed, afraid, anxious, have an array of complaints or problems. And you may see just this disorganized side. However, if she is being abused and threatened at home, and she is still enduring, and she is even in the chair in front of you, she has great strengths, tremendous coping strengths, tremendous ability to keep going, and you can reach through to those strengths.
[Dr. Nancy Sugg] I think it's important when somebody is speaking to a woman about domestic violence, whether it's a physician or nurse or clergy or dentist, that one of the things they guard against is saying anything that would indicate that the woman was to blame for some way for the battering. One of the most important messages to get across to women is: No matter what you've done, nobody deserves to be beaten.
[Dr. Angela Browne] Your role, and it's very important, is to empower her, to give her information, to be aware. You can demonstrate awareness maybe by posters in your office, and certainly by what you say. That in itself is very empowering. It's your piece. It's not your piece to do it all, just to be connected. Her choices are her responsibility. Your responsibility is to know, to ask, to have the resources.

[Dr. Nancy Sugg] Physicians need to understand that much of what needs to happen is a process. It's not something that is going to happen right away. The person is not going to come back to their next appointment and say, "Everything is all better. You know, I have moved out, or I have done this, or I've done that." That it is a process, and it is in the hands of the woman, and that is where it needs to be.
[Slide showing "Everyone should be asked."]
[Dr. Lee Ann Hoff] There is no such thing as a typical battered woman. Battered women are of all types. They appear with all kinds of different issues and problems. They may come to emergency and trauma centers, to prenatal clinics, to dentists, to hospital general treatment places. But wherever, the idea is that we must incorporate, as a routine, some questions that will make visible whatever her problems and issues are at the time.
[Dr. Nancy Sugg] When women come into the medical setting, the more common way they come in is not necessarily with trauma. It's not the broken arm or the laceration, but it may be with medical complaints. And they may come in with chronic pain is very common, headaches, pelvic pain, abdominal pain. They may come in with somatization complaints that are very vague, where you just can't put together what is going on with them.
[Dr. Angela Browne] When you see that sort of a symptom pattern, regardless of the presenting complaints, regardless even of explanations she might give for actual injuries you identify, you should always try and look behind those injuries to the possibility that at home she is living with abuse and threat. She is least likely to tell you that part on her own.
[Dr. Nancy Sugg] One of the problems in medical education is that we tend to hear a lot about battered women once they're in the emergency room, and the reality is that most women when they present to their physician don't present with injury, but they present with other problems. And I think that what happens for most primary care physicians is we don't recognize what we're seeing.
[Dr. Angela Browne] One of the things that you want to do is to ask the questions. It's difficult, of course, but once you're used to it it's not so bad, and women really appreciate it.
[Text on screen] Ways of asking
[Dr. Angela Browne] For women who have been assaulted by male partners, who have been physically attacked, who have been raped possibly, who have experienced that sort of humiliation and attack, medical/dental procedures can be very difficult for them. This is another thing that you want to think about, think about with your staff, and create procedures and mechanisms for. It may be that if you have a male physician, a male dentist, that you always want -- and maybe you do this already -- to have a woman there.
[Dr. Nancy Sugg] You have to have a model of how you're going to do this. How am I going to ask this question and not offend the patient, and not sound like I'm nosey or sound like I don't believe what the patient has just told me? And I think that really comes with education, to start out with a patient and say, "When I see injuries like this, I worry about whether somebody did this intentionally. Is that something that has happened to you?" And if you present it as "I've seen this before, I'm familiar with these injuries, it happens to a lot of people, I need to make sure this isn't what's happening with you" --
[Dr. Angela Browne] The most important thing is to be prepared. If you're prepared ahead of time, your staff is prepared, you have yourself so you're comfortable with the questions that you would ask. And then when you see each patient or each client, you routinely screen, and in that screening you do it in a safe environment, you do it in such a way that she knows at the beginning that this, too, is confidential.

This kind of preparation is equally important, whether in a hospital, a clinic setting, or out of private practice. In a hospital or clinic setting, there is a temptation to think, "Well, the setting will take care of it. But maybe you need to be the one to make sure that the setting is aware and has established procedures."
[Dr. Lee Ann Hoff] There are five basic assessment questions that need to be asked, and they are basically triage questions and questions that relate to risk to life and safety. [Charts showing five basic questions.] And the questions are, first, the current injury or what has happened? If there is another kind of presenting symptom, then you ask a question something like, has somebody hurt you? Is there battering going on in your life?
The second question, then, follows on that, has anything like this ever happened before? If so, what?
The third question is about suicide. Are you so upset by what has happened, are you so depressed, have you been depressed, that you've thought about hurting yourself or committing suicide?
The fourth question has to do with assault potential and homicide potential, and, again, the question would be something like, are you so upset or angry by what has happened that you've thought of hurting your partner or killing your partner?
And, lastly, what kind of resources does the person have, or are the resources depleted? Is there anyone at all that you can turn to at this time or stay with?
[Dr. Angela Browne] Think of the question beforehand, have routine ways that you and your staff deal with these issues that are agreed upon, that are revised and polished in staff meetings, or in your treatment setting, and then go ahead and ask. You can evidence awareness by having posters in your office, so that already you've paved the road, you say, "I know this is a thing that happens in some people's lives." You ask the questions; you have the resource sheet right there with you. People appreciate when you ask.
[Text on screen] After the question
[Dr. Angela Browne] For all professionals, it's important to remember you could get her hurt. Be aware. It's maybe easiest to think of in the context of patient confidentiality. This is covered by patient confidentiality, and it is terribly important to be careful that you do not put her in even more danger.
[Dr. Nancy Sugg] This woman's life is probably being threatened, and she has been beaten, and she knows that this person can do it again, and that women have died with protection orders enforced. That they have died calling 911, and that this is a very real threat. And I think that that's something that a lot of professionals just don't really under -- grasp the reality of this.
[Patricia Cullen] Any -- any type of -- of questioning that might bring the suspicions that she have told her story, providers will put the women in danger, and that is what you have to be very sensitive and in tune with your patient, to discuss it when it's safe, when he's not around, not to send any type of information that might compromise her safety.
[Dr. Angela Browne] Unfortunately, what we know now about many men who are physically assaultive with their women partners is that if that woman terminates the relationship with them, separates from them, often their aggression actually becomes worse. The woman is at even higher risk many times than she was before. Making a woman safe means making her safe on this continuum of threat and danger.

It’s not appropriate to refuse services to her, to refuse to see her if she’s still with an abuser. What we need to do is link her to resources, understand the risk that she’s in, tell her we understand, safety plan with her to try and make her safe from danger.
[Dr. Lee Ann Hoff] Fundamentally, safety planning is a life and death issue. It is something that we must work through with a woman to help her ultimately free herself from violence forever.
[Patricia Cullen] It’s something that she has to be the participant, a very active participant, when to leave, where to have, where to go, is something that she needs to develop and know what the support services are for her. And it takes time, and it’s very -- various. It depends the situation.
[Slide showing "Other things that can help."]
[Dr. Angela Browne] It’s very important when you both see injuries, identify injuries, or when a woman begins to disclose history to you of how those injuries occurred, that you make notes about this. Those notes can be quite valuable to the woman. Actually, you are a privileged person. You may be the only person that she has really told, and who also has seen evidence that what she says is true. That’s valuable, critical information. Some day that may help her protect her safety and her life.
[Prosecutor Andrea Cabral] There are cases that I have made, domestic violence cases I’ve made, with medical records and a police officer’s testimony alone. That is going to be corroborative of what she says happened to her, and it’s going to bolster her credibility, because doctors have incredible credibility before judges and juries.
[Dr. Angela Browne] In addition to the importance of recordkeeping, it also can be quite helpful for you, if you ever need to testify for this woman, and, therefore, for her, to have pictures, to have photographs of specific injuries.
Unfortunately, this is of course also a very complex thing to do, because with a traumatized woman it’s bad enough to be in a dentist’s chair, to be on an examining table, now you want to take pictures of parts of her body. To present this to her, if you’re a man, you need to have a woman present, so that she is not just with you. You need to explain how this might be helpful, and then be prepared in advance to explain how it will be done.
And then, when you do it, it’s often best to have the woman maintain conversation with her throughout. Again, you never do anything sudden. You give her all the privacy and respect. You treat her as an adult that you respect, that you are working with together, in case this is ever helpful to her.
[Prosecutor Andrea Cabral] Usually, if it’s the victim of a rape or sexual assault, they will prepare a rape kit at the hospital and photographs will be taken. They should also begin to be taken in domestic violence cases.
[Text on screen] Ask the question and be prepared to respond...with More Than Words]
[Dr. Angela Browne] You’ve asked the question. You have disclosure. Now you band together. You talk about safety, you talk about you, the professional’s, particular concerns related to your expertise, and you strategize. What is going to make her more safe in general, and who are those resources?
She needs to come back to you so you can check on how this is healing, how that’s going, how her health is progressing. If you’re in one of the health professions, you talk about well care with her. It’s the best way to bring her back to you, and you want to bring her back. But you, from the inside out, work with her as a team.
[Patricia Cullen] The most important thing is to empower women, to support them in their decision, and -- and I think that as a provider that is what your role is, not to decide for her, not

to completely protect her or not, not to solve, but to support, in her time, her decision, and to be knowledgeable about the different resources that do exist in the community.
[Dr. Nancy Sugg] I think it's tough. I think it's not the mind-set of most health care professionals, that you want to feel like you have done something and it has had an immediate effect.
And, again, it comes back to planting seeds. A lot of this is to be a voice that has said, "This is wrong, and there are people that can help you, and this is a situation that you can develop some power over." And it may be one voice, and then another voice later on, and another voice later on, and eventually the person is really able to feel that power, and that's what it takes.
[Dr. Angela Browne] It's more than just the words. It's the way that you treat her with respect. It's the dignity you accord to her as a person. It's that you thought it was important enough to be prepared before you ever sat down with her, that you know the resources, that you take the time to listen, that you are careful to assure her of her safety, and that she can trust you to keep this confidential.
It's that you think it's important enough to make notes and not just rush out of the room. It's that you ask, "Are you safe now?" And it's that you say, "I care about your well-being. This is serious. It's not okay this is happening to you." That in itself is healing. That in itself is hope. That in itself will cut into the isolation, the terror, the danger that women so often face in silence alone, with no one asking, and, therefore, no avenues to make it better or escape.

[Text on screen] More Than Words, Responding to Domestic Violence, Part Three
ELIZABETH
[Receptionist] [Speaking to someone on the phone.] Okay. Right. Oh, definitely. No problem. Let me call you back, okay? [Door slams.] It will be just a minute. Okay.
Elizabeth, we're not supposed to see you for two weeks.
[Elizabeth] I know. Is there any way for me to see Jackie?
[Receptionist] Sure. She is just finishing up. Here she is. Jackie?
[Nurse Jackie] Elizabeth, you okay? [Elizabeth crying.] Come on. Let's go into my office. Whoa, you're limping. Let me help you. [Hands Kleenex to Elizabeth.]
[Elizabeth] Thank you. Well, that's it. You know, my stuff is in the car.
[Nurse Jackie] How about I take a look at that ankle? Are you all set on where to go? Have you gotten in touch with the shelter?
[Elizabeth] Yeah. Well, I thought I'd go to my sister's first. You know, she is just a few hours from here.
[Nurse Jackie] How about cash? Were you able to put any into that account that you set up?
[Elizabeth] Well, about 500 dollars. Yeah, I went to the bank before I got here.
[Nurse Jackie] Good.
[Elizabeth] Yeah.
[Nurse Jackie] Okay. We'll have to do something about this ankle before you go, and I'd really like you to see the doctor, you know, just to make sure that everything is okay with the baby.
[Elizabeth] Can she see me now? I don't want to wait. I've waited so long as it is already.
[Nurse Jackie rubs Elizabeth's back to comfort her as she sobs.]
[NURSE JACKIE] I know. I know. No one deserves to be treated like that. No one. You're safe here now, Elizabeth. Okay? You're safe with friends.
[Doctor Woodruff] Everything looks okay, Elizabeth. The baby is doing fine. How about you? This must be pretty tough.

[Elizabeth] It's weird. I'm scared, terrified really. But somehow I feel like I'll be okay. God knows what's going to happen to me.
[Doctor Woodruff] I'll have the receptionist make a complete copy of your medical records to take with you. You may not feel like it's safe to come back here. It won't take long at all.
[Elizabeth] Thanks, Dr. Woodruff.
[Doctor Woodruff] Have you got your other papers together?
[Elizabeth] Oh, yeah. Well, Jackie put me in some -- touch with some people who helped me get that stuff organized a while back, so --
[Doctor Woodruff] And the shelter? Jackie has already asked you all this, right?
[Elizabeth] Well, you know, I thought about the shelter, and then I thought, well, my sister is a couple of hours north. You know, I'd like to call her, if that's okay.
[Nurse Jackie] You know we'll do everything we can to help you, Elizabeth. And I'm really glad that you have a sister so close by willing to help. And it makes sense that you'd want to go someplace familiar like that, but you might -- you might want to think that if it's familiar to you, it's going to be familiar to him. I mean, there's a really good chance that your sister is going to be one of the first people he calls the minute he figures out you're gone.
[Doctor Woodruff] Jackie is right. It will be easy for him to find you there. Now, I'm not saying you shouldn't call her and let her know you're okay, but maybe it would be better -- maybe it would be safer for you and the baby to go to a shelter. We know of two up that way, and we'd be glad to call them with you. Either one would be able to help you sort things out a little.
[Elizabeth] You know, I was hoping that my sister could take care of me. You know, I don't have a lot of money.
[Doctor Woodruff] You don't need to worry about the money. Helping women in situations like yours is what these shelters do. You need to focus on your safety, and the health of your baby. The women at the shelter will be able to work with you about contacting your sister.
[Elizabeth] Okay. Thanks.
[Participant] And cut.
[Nurse Jackie] How are you holding up? Can I get you some water or something?
[Elizabeth] No. No. I'm okay.
[Nurse Jackie] Okay.
[Elizabeth] I'm just wondering what is going to happen next.
[Nurse Jackie] Well, I have all the information for the House of Hope right here. Shall we give them a call?
[Elizabeth] Sure.
[Nurse Jackie] How is your ankle doing? Is it up to spending two hours in a car?
[Elizabeth] Well, at least he wasn't smart enough to sprain my accelerator ankle. No, it's -- it's okay. It's okay.
[Nurse Jackie] They will help you work out how and when you get in touch with your sister. And I know it might seem really difficult, but you can trust these women, Elizabeth. They have helped a lot of people.
[Elizabeth] Well, I should get going. He's going to be home from work in a couple of hours, and I want to be off the road by then. You know, I feel like I'm looking over my shoulder enough as it is.
[Nurse Jackie] Oh, sure. I understand, yeah.
[Elizabeth] Thanks. Thanks for everything. I don't know what I'd do without you.
[Nurse Jackie] It's okay.

[Elizabeth] You know, what if he should call here?
[Nurse Jackie] You just worry about yourself and that baby. Everything about what has happened or where you've gone, that is all strictly confidential. He has no right to know, and nor will we provide him with any information about what has been discussed or any of the decisions that you've made.
[Elizabeth] Okay. Thanks.
[Nurse Jackie] Okay.
[Elizabeth] Thanks for everything.
[Nurse Jackie] Sure. Well, I'm glad I was able to help. But, you know, you're the one who has done all the hard stuff here, Elizabeth.
[Elizabeth] [Making phone call.] Hello? My name is Elizabeth.
[Credits on screen] Receptionist: Liesl Hoffman, Elizabeth: LeVon Gardison, Nurse Clarke: Natalie Brown, Doctor: Daphna Steinbuch
[Text on screen] Mary
[Pastor Kelley] And it's not an easy thing to talk about, but it's important, something the church hasn't really wanted to talk a lot about.
[shows congregation]
This past week I performed a funeral for a woman who had been murdered by her husband. Now, we've all seen the headlines and read the news. Family violence is increasing.
More and more we see its sorrow reflected in the eyes of those around us, a son, a daughter. You may have grown up in a violent family. You may be living in one now. It is so difficult to speak about, but so necessary. We can no longer afford the conspiracy of silence. We can't pretend that it doesn't happen.
[Pastor Kelley]
[Speaking to someone on the phone.]
That would be fine. If you can get him on the phone before the meeting, though, that might be better. All right.
I'm sorry to keep you waiting.
[Mary] Oh, that's all right.
[Pastor Kelley] I'm so grateful you're willing to take over the summer camp program. I was afraid that -- well, let's just say after Sunday's sermon it seems everyone in the congregation wants me ex-communicated.
[Mary] Not at all. I felt that your sermon was so -- well, what I mean is, what you said I felt -- [Takes tissue out of her pocket.]
[Pastor Kelley] What is it, Mary? What's happened?
[Mary] For 20 years I've been coming to this church, and no one has ever said the kinds of things you did on Sunday. No one. Pastor, for 20 years, my husband's beaten me, terrified me. He has -- he has used me like a toilet. I'm so ashamed.
[Pastor Kelley] I can only imagine the kind of pain you must be in at this moment, the kind of pain you've felt over the last 20 years. I am so sorry you've had to carry this for so long. No one deserves to be terrified. No one deserves to be beaten.
[Mary] For years, I prayed that it would stop. I prayed that the Lord would make me strong. Peter is such a leader in the church, so faithful. Everyone loves him.

[Pastor Kelley] Yes. He is all those things. That's true. But what you're saying is that he has been hurting you. His actions are criminal. It doesn't matter how long he has been an elder, the way he is treating you is wrong. Nothing justifies his behavior.
[Mary] But what am I to do? I can't leave him.
[Pastor Kelley] Mary, I'm here to support you in whatever way you feel is appropriate. Now, I'm not going to tell you what to do, but from what you said I'm concerned about you and your safety.
[Mary] This has been going on a long time, Pastor Kelley. I know how to take care of myself.
[Pastor Kelley] Well, I believe you, Mary. But even though you are taking care of yourself, it's clear that you're still being hurt. What your husband is doing, the way he is treating you, is wrong. And it's not your Christian duty to endure it, although I'm sure you may have felt that you had no choice about that.
[Mary] I felt -- I feel so trapped, so isolated. He always has to know where I am, what I'm doing. If I'm a minute late for anything, he punishes me.
[Pastor Kelley] I'm so sorry, Mary. You don't deserve to be treated that way.
[Mary] I have to go. He's expecting me home for lunch, and if I -- there will be hell to pay if I'm a minute late.
[Pastor Kelley] Mary, now this may be difficult, and I want you to feel free to tell me if you think this may put you in harm's way in any way, but I would like to meet with you again. I'm worried about you, your safety, everything. This is so much to bear alone. Why don't you come in again on Thursday. I have to call Peter tonight anyway, and I'll just mention to him that you're coming in to see me. We have a lot of things to talk about -- the summer program and things like that.
[Mary] I don't know.
[Pastor Kelley] Mary, there are two things you can expect here. One is that everything that you've said here is strictly confidential. Peter doesn't need to know about this conversation unless you want him to. The other thing is, I wouldn't want to do anything that would harm you in any way. So if it doesn't feel safe to talk to me, you just tell me. I just think it might be helpful if you could come back and we could discuss some of the options that you have.
[Mary] Options? I never really thought there were any.
[Pastor Kelley] I'd also like to give you a hotline number.
[Mary] Oh, that's not necessary. But I will come and see you again, on Thursday.
[Pastor Kelley] All right. You take care of yourself, and I'll see you then. God bless you, Mary. I'll be praying for you.
[Pastor Kelley] Thank you.
[Credits on screen] Pastor Kelley: Bruce Ward, Mary: Louise Hannegan
[Text on screen] Denise
[Mr. Fields]
[Walking with a woman into Emergency Entrance.]
Now, don't worry. I'll take care of everything. You just let me do the talking.
[Nurse Grenne] Here. Let's have you sit here. I'm Leslie Greene.
[Mr. Fields] I'm Warren Fields. This is my wife.
[Nurse Grenne] And your name is?
[Denise Fields] Denise. Denise Fields.
[Nurse Grenne] Do you prefer Mrs. Fields or Denise?
[Mr. Fields] Can't you give her something for the pain?

[Nurse Grenne] We'll start with some ice.
[Puts ice pack on Denise's arm.]
How about that, Mrs. Fields?
[Denise Fields] Denise is fine.
[Mr. Fields] Can't you get the doctor or something?
[Nurse Grenne] Mr. Fields, how about if you get started on the insurance paperwork with the registrar? That will save some time. The registrar is just down the hall.
[Mr. Fields] Well, all right, if it will hurry things up.
[Nurse Grenne] Just a few questions, Denise. This won't take long. How did you get hurt?
[Denise Fields] On the stairs. I fell.
[Nurse Grenne] Any drug allergies?
[Denise Fields] No.
[Nurse Grenne] No? Any history of heart problems in your family?
[Denise Fields] No.
[Nurse Grenne] No. How is your general medical condition? Okay?
[Denise Fields] Yeah.
[Nurse Grenne]
[Putting sling on Denise's arm.]
These bruises here, do you remember hitting this arm when you fell?
[Denise Fields] Bruises? No, I don't think so.
[Nurse Grenne] Have you had broken bones before? Any other previous injuries to that arm?
[Mr. Fields] All set. Everything okay in here?
[Nurse Grenne] She is doing just fine. Ready to go to X-ray.
[Mr. Fields] Great. Let's go.
[Nurse Grenne] You'll need to have a seat in the waiting room, Mr. Fields.
[Mr. Fields] I'd like to stay with my wife.
[Nurse Grenne] I'm sure you would, but it's against hospital policy. We'll let you know how she's doing. Let's get you to X-ray, Denise.
[Nurse Clarke] The bruises on your other arm, Denise, how did you get them?
[Denise Fields] I tripped on the stairs. Loose piece of carpet. Guess I wasn't paying attention. Stupid thing to do.
[Nurse Clarke] I can see you're upset, but don't be so hard on yourself. I have to leave. The doctor will be right in.
[Denise Fields] Thanks.
[Dr. Baker] What's up?
[Nurse Clarke] Looks like a simple fracture.
[Dr. Baker] Anything else?
[Nurse Clarke] Bruising on the other arm. She says she fell on the stairs. I'm not so sure. I think something else is going on, and so does Leslie.
[Denise Fields] I guess so. Do you think someone could go out and tell my husband what's going on? I'm sure he's wondering what's taking so long?
[Nurse Clarke] Sure. I'll let him know.
[Dr. Baker] Ginny, would you also give Dr. Martin a page?
[Nurse Clarke] Uh-huh.
[Dr. Baker] He's the orthopedist that is going to set your arm.
[Denise Fields] Okay.

[Dr. Baker] Now, it's a clean break, so setting it tonight won't be a problem. According to Nurse Greene's notes here, you said you hadn't had any other broken bones, but your X-rays show that --
[Denise Fields] I forgot. A couple of years ago I broke the same arm. Sorry. I don't know how I could forget that.
[Dr. Baker] That's okay. When you're in a lot of pain, it's hard to think clearly. I'm concerned about these injuries, Denise. Did something happen that you want to talk to me about? Did someone do this to you?
[Denise crying.]
[Denise Fields] He's wondering what's going on, isn't he?
[Nurse Clarke] He's fine. I suggested he go get something to eat. I told him you'd be a bit longer.
[Dr. Baker] You know, Denise, you've got a serious set of injuries here. Now, you'll recover from these, but I'm concerned about your ongoing safety.
[Denise Fields] He didn't mean to hurt me. I know he didn't. He just gets mad sometimes. We were arguing at the top of the stairs, and he grabbed me. He didn't push me on purpose.
[Dr. Baker] This is the second time that this arm has been broken. You've got bruises that don't look like they happened when you fell down the stairs.
[Denise Fields] If he finds out, if he thinks I told -- you can't say anything.
[Dr. Baker] I know you're scared of what he might do to you, but we wouldn't do anything that would put you in more harm.
[Nurse Clarke] There are a lot of resources in the area that we could put you in touch with.
[Denise Fields] He felt so bad. He promised he'd never do it again.
[Dr. Baker] I'm sure he did, and I'm sure that you want to believe him. But, unfortunately, these situations rarely get better. In fact, they oftentimes get worse, life-threatening. Your husband needs help if he's going to stop.
[Nurse Clarke] We have someone here at the hospital that you can talk to. Our social workers have helped a lot of women in similar situations.
[Denise Fields] I can't just leave.
[Dr. Baker] That may not be possible right now, but, Denise, remember, it doesn't matter how angry he gets, he does not have the right to hit you. Nobody deserves this kind of treatment.
[Nurse Grenne] Dr. Martin is ready in Room 4.
[Dr. Baker] Okay. Listen, I'd like you to get some photos of these injuries to both of her arms, and I'd like you to get them before Dr. Martin sees her. And please attach them to the file.
[Nurse Grenne] Very good, Dr. Baker.
[Dr. Baker] Thank you. You may need them in the future.
[Denise Fields] Thanks, Dr. Baker.
[Dr. Baker] Okay. It's a pleasure meeting you, Denise, although I wish it was under different circumstances. Please remember what I said.
[Denise nods.]
[Nurse Clarke] I've written a telephone number on your discharge instructions right next to Dr. Martin's office number. Now, there's nothing on there to indicate what it is, but just so you know it's a 24-hour hotline. They can help. I suggest you give them a call.
[Denise Fields] Thank you.
[Credits on screen] Denise: Dee Nelson, Husband: Tim Moore, Nurse Greene: Suzanne Schwing, Nurse Clarke: Leslie Arnott, Doctor Baker: Jacqueline Parker

[Text on screen] Nancy
[Dr. Miller] Goodness, Nancy. It looks like you must be in pain.
[Nancy Harris] Thanks for fitting me in, Dr. Miller.
[Dr. Miller] Uh-huh.
[Nancy Harris] I went ice skating on the weekend. I fell.
[Dr. Miller] You've got quite a bit of bruising and swelling. Are you injured anywhere else?
[Nancy Harris] I don't think so.
[Dr. Miller] Nothing else hurts? Your hands? Maybe your shoulder?
[Nancy Harris] No.
[Dr. Miller] Was it Saturday or Sunday that you fell?
[Nancy Harris] Sunday. It didn't even start bugging me until yesterday. Really.
[Dr. Miller] Okay. Just relax. You'll need to open as wide as possible for me.
[Nancy Harris] Okay.
[Dr. Miller] Let me know if I'm hurting you.
[Nancy Harris] Ahh.
[Dr. Miller] I want to get some X-rays.
[Nancy Harris] I'm sure it's nothing serious.
[Dr. Miller] Well, hopefully. But let's take a look at the X-rays in my office first.
[in Dr. Miller's office]
Given the bruising and what the X-rays show, I'm concerned about what else might be happening in --
[Nancy Harris] Nothing else is happening. I mean, what do you mean?
[Dr. Miller] Do you recall falling on anything? A stick? A rock?
[Nancy Harris] I just lost my balance. That's all.
[Dr. Miller] This is quite a serious injury.
[Nancy Harris] It was just a stupid accident. I'm so clumsy. The kids skate beautifully, but I'm such a klutz.
[Dr. Miller] You're being pretty hard on yourself. You know, Nancy, the damage to your mouth is very serious. It's not just that you can't eat solid foods. You're going to have to take it easy. You've got one loose tooth, and one out of alignment.
[Nancy Harris] I should never have gotten onto the ice in the first place.
[Dr. Miller] You know, if you hadn't told me you had fallen, I would have thought someone hit you or punched you.
[Nancy Harris] I don't know what you're talking about, Dr. Miller.
[Dr. Miller] More and more I'm seeing women in my practice, women who have been hurt by people they love. It's happening more than anyone likes to think or admit.
[Nancy Harris] You don't think --
[Dr. Miller] I think you've been seriously injured, and that you're in a lot of pain. I'm concernethat you're okay, that you're safe. I'd like you to know you can talk to me if you need to, that anything you tell me is confidential.
[Nancy Harris] I'm fine. Really. Everything is just fine.
[Dr. Miller] I hope so. I hope everything is fine. And if that should change, I hope you'd feel like you could count on me for support. I'd be happy to give you the name of someone you could talk to if you wanted to.
[Nancy Harris] I don't think that's necessary.
[Dr. Miller]

[Picks up phone.]
Tina, Mrs. Harris will need a follow-up appointment as soon as possible.
[Hangs up phone.]
Aspirin or ibuprofen should take care of any discomfort, and heat will help with the swelling. I'm also going to give you a prescription for an antibiotic. If the pain gets worse before I see you again, give me a call. Give me a call if you need anything. Anything at all. I'm here to help in whatever way I can.
[Nancy Harris] Thank you, Dr. Miller.
[Credits on screen] Nancy: Mary Ellen Pedulla, Dr. Miller: Steve Budd
[Text on screen] Angela
[Therapist] So you didn't have any trouble finding my office today?
[Angela] No. No.
[Therapist] Good. Good. What is it that made you decide to call me?
[Angela] Well, I've been pretty down for a while now, and it doesn't seem to be getting any better.
[Therapist] Any big changes going on in your life? Moves, new job, relationships?
[Angela] No. No big changes. Everything is just eh --
[shrugs shoulders]
-- job is okay, things with my husband are the same as always.
[Therapist] How long have you been married?
[Angela] Going on seven years.
[Therapist] Seven years. Okay. And when you say same as always, what do you mean?
[Angela] Nothing. Just things seem to go along fine for a while, then he gets ticked off at me, something happens. It's not as though he has ever really hurt me, very badly. He just has this temper.
[Therapist] And when he gets ticked off at you, what happens? Does he yell?
[Angela] Oh. Oh, screams.
[Therapist] Does he ever hit you or slap you?
[Angela] Sure. When he's angry. I don't consider myself abused or anything like that. He's not one of those husbands that would stalk their wives or anything. He just reacts when I don't do things the way he wants.
[Therapist] It must be very frightening for you at times.
[Angela] Frightening? I guess so. I don't know. I don't want to make this into something it's not.
[Therapist] Angela, I appreciate that. But from what you've told me about your husband already, I need to tell you that what you're describing to me makes me worry for your safety.
[Angela] It's not as though he does it on purpose.
[Therapist] Angela, nothing justifies another person threatening you or striking you or hurting you in any way.
[Angela] Look, I didn't come here to talk about him. I came here because I'm so depressed I can't see straight.
[Therapist] I understand that you're down, and I believe that you want things to change. What I'm suggesting, though, is I wonder if being down is in fact a response to what is going on at home.
[A different visit.]
[Therapist] And then what happened?

[Angela] I locked myself in the upstairs bathroom. He finally gave up after a couple of hours. I stayed there all night. I only came out when I could tell he had left for work the next day.
[Therapist] You must have been terrified.
[Angela] He has been mad before, but this was the worst. I was really afraid I wasn't going to get through it. I sat on the floor, and I just tried to curl myself up in the smallest, tiniest ball, [Hunches over in her chair.]
and I kept thinking if I could just get small enough, if I could disappear, then I'd be safe.
[Therapist] I'm so sorry, Angela. That must have been so awful for you. I'm glad you're okay physically. How are you feeling today?
[Angela] Tired mostly. I don't know. I should have known better than to buy that dress. I know, I know, it's not my fault. It's easy to remember that when I'm here, but I somehow forget when I go home.
[Therapist] You know, it actually sounds very normal that in some way you would feel one way here and another way when you go home. But let me say it again: nothing merits an attack with a carving knife. Nobody deserves that kind of treatment. You deserve to be loved and cared about, Angela.
[Angela] But he does love me, in his own way.
[A different visit.]
[Angela] Well, it wasn't as bad as I thought it would be.
[Therapist] I'm glad. I'm glad you were willing to go. It helps to know what other women are experiencing. And sometimes it's nice to know you're not alone.
[Angela] I can't believe what those women have been through.
[Therapist] Those women?
[Angela] Alright. I can't believe what we've been through. I just can't think of myself in that way, but I guess there is really no difference, is there, between me and them? We're all victims.
[Therapist] Perhaps "survivors: is a better term.
[Angela] Survivors. [sighs] I guess. I don't really feel like a survivor. Taking out that restraining order was the hardest thing I have ever done. I felt like some kind of traitor, like I didn't try hard enough. I miss him.
[Credits on screen] Angela: Melissa Groves, Therapist: Georgia Green
[Text on screen] Leslie
[Dr. Travis] Mrs. Watkins, so sorry to keep you waiting. It has been one of those days.
[Leslie Watkins] That's fine, Doctor. I understand.
[Dr. Travis] I see you've recently moved to Albany.
[Leslie Watkins] My husband was transferred about 12 months ago. A Dr. Ray Carpenter in Springfield gave me your name.
[Dr. Travis] How is Ray? I haven't seen him in years.
[Leslie Watkins] He's well. He said you were very good.
[Dr. Travis] Well, I appreciate the referral. Now, just let me look over your papers here quickly. Well, from what you've written here, your general health seems to be pretty good.
[Leslie Watkins] I suppose so. To be quite honest with you, Dr. Travis, my husband wanted me to see you. He thinks there is something wrong with me.
[Dr. Travis] I see. What is it that he thinks is the matter?
[Leslie Watkins] I'm not really sure.
[Dr. Travis] What do you think?

[Leslie Watkins] I don't know. I've been pretty down lately, I guess.
[Dr. Travis] Down?
[Leslie Watkins] I don't know. I don't have much energy.
[Dr. Travis] Well, how has your appetite been?
[Leslie Watkins] Not very good.
[Dr. Travis] What about sleep? Are you sleeping at night?
[Leslie Watkins] Yes. Sometimes.
[Dr. Travis] Hmm. How long has it been like this for you?
[Leslie Watkins] Oh, it seems like forever.
[Dr. Travis] I'm sure it does. I mean, can you think back to -- to when it started? After you moved, perhaps?
[Leslie Watkins] No. I was like this before we left Springfield, but it has certainly been worse since we got here.
[Dr. Travis] Did you talk with Dr. Carpenter about it? Is that what the Xanax was prescribed for?
[Leslie Watkins] Yeah.
[Dr. Travis] Are you still taking it?
[Leslie Watkins] One at night, one in the morning.
[Dr. Travis] Right. They seem to help?
[Leslie Watkins] I guess so. It's hard to tell.
[Dr. Travis] You said you've felt worse since you came here. Can you describe it for me?
[Leslie Watkins] Well, it's just worse. I haven't felt like doing anything. I haven't wanted to go anywhere, visit neighbors.
[Dr. Travis] Have you been able to talk with your husband about how you're feeling?
[Leslie Watkins] He is not the type of person you can talk to about that sort of thing.
[Dr. Travis] What do you mean?
[Leslie Watkins] He just wouldn't understand. He'd probably get mad at me.
[Dr. Travis] Why? Why would he get mad?
[Leslie Watkins] Are you kidding? My husband is known for getting mad at everything, particularly if I'm involved.
[Dr. Travis] It must be very hard for you. When your husband gets angry, what happens?
[Leslie Watkins] He yells. Actually, he doesn't have to be angry to yell. He does that all the time, especially if I do stupid things, you know, forget something, or have dinner ready late.
[Dr. Travis] Those things don't sound stupid.
[Leslie Watkins] Sometimes he grabs me and shakes me around when I really mess up. He'll slap me if I try to get away, or throw things at me, coffee or something. Usually I deserve it, though.
[Dr. Travis] What? How do you mean?
[Leslie Watkins] Well, he shouldn't have to put up with my mistakes, really. He is under a lot of pressure at work. That's why he wanted me to see a doctor. I've been messing up a lot more since we got here.
[Dr. Travis] Mrs. Watkins, what you're telling me, what your husband is doing is wrong. It's illegal.
[Leslie Watkins] You don't understand, Dr. Travis. My husband has other things to worry about. That's why he wanted me to see you. Maybe you could figure out what's wrong with me and fix it.

[Dr. Travis] I'm not sure there is anything about you that needs to be fixed. It sounds more like your husband needs to get some help. From what you've told me, I'm very concerned about your safety. It sounds as though your husband has hurt you very badly already, and -- and may continue to do so.
[Leslie Watkins] It's not as though he's broken any bones or anything. It's just his way, how he handles his stress.
[Phone rings.]
[Dr. Travis] [Speaking to someone on the phone.] Okay. Right. And I'd like a full blood workup on Mrs. Watkins. Thanks.
[Hangs up phone.]
Mrs. Watkins, I'm not convinced that there is anything physically wrong with you, but -- although we'll run some blood tests to be sure. From what you've described to me, I really think you need to speak with someone who has some expertise that I don't have. I'm going to give you the name of a counselor. She has had a lot of experience working with women in similar situations. I -- I encourage you to call her.
[Leslie Watkins] You think I'm crazy?
[Dr. Travis] Not at all. As a matter of fact, I think what you're having is a very normal response to what sounds like a very difficult circumstance. I'm worried about your safety. What you've described to me sounds dangerous. I think this counselor could be very helpful to you.
[Leslie Watkins] I'll take the information, but I'm not sure I'll call her.
[Dr. Travis] I can't make you do it. But I really think that you need to. Also, I'd like to -- rather not have you on the Xanax. I think I'd like to see how you feel off it. Now, I'm going to decrease your dosage over one week. Now, I'll give you something else, and it will help you sleep.
[Leslie Watkins] Okay.
[Dr. Travis] Good. Now, two more things, then I'll let you go. I'd like to call the counselor and -- and tell her that I've recommended her to you, just to let her know that you might be calling. Is that okay? [Leslie nods.] And I'd like to give you a card. This is a 24-hour emergency hotline number to one of our nearby women's shelters. If you're worried that your husband might see it or find it, I-- I'll show you the number in the phone book.
[Leslie Watkins] I don't think I'll need that.
[Dr. Travis] That may be the case. But I'd feel better knowing that you have it. Mrs. Watkins, I'm worried about your safety. I can't stress that enough. [Leslie takes the shelter's card.] Let me walk you out to the nurse.
[Credits on screen] Leslie: Candace Hopkins, Dr. Travis: Arthur J. Walsh