
Pity and Compassion Are Not Enough

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In the September, 1996 issue of the *Hawaii Medical Journal*, I ended a commentary article on violence with a quote I attributed to a young girl from Los Angeles. The physician who mentioned this was from Los Angeles. He is Dr Reed Tuckson, now with the AMA, and the quote was actually from a 12-year-old girl from a youth theatre group in Washington, D.C. She said, "pity and compassion in a world of pain, means nothing unless it leads to change." This bit of wisdom sums up what should be the driving force behind our efforts to combat the epidemic of violence in America. Aside from the crucial and immediate need to care for the injured victim and keep him or her safe, nothing is more important than mobilizing a massive campaign of prevention, education, public awareness and intervention in troubled families long before violent events occur. The heightened level of awareness must be targeted as well to physicians, nurses, office and ER staff, police, and prosecutors, paramedics and judges. Dr Shay Bintliff has been very outspoken and appropriately so, in teaching physicians the correct ways to ask the questions. Not: "who beat you up?" but "are you safe at home?" All of us who've worked in ERs for a long time have gone through attitudinal changes from feeling that the victim must "ask for it" or she would leave, to recognizing the terrifying effects of living with daily fear. Mr Casey Gwinn, the San Diego prosecutor, said at a conference in Hilo two years ago that victims should never be asked if they want to press charges. You don't ask a bank after a robbery if they want to press charges. The act of violence should not be looked at, as in years past, as a "family matter" but rather as a matter between a jurisdiction and the perpetrator of a violent crime.

The Big Island leads the State in the rate of cases of abuse of dependent adults and children and the rate of TROs (temporary restraining orders) against perpetrators of violence. I have worked in the ERs on the Big Island since 1972, mostly in Hilo. There is no doubt in my mind that although it is not an "excuse" for domestic violence, the abuse of alcohol and other drugs contribute greatly to the commission of acts of violence. One must also look at the effects of poverty, and lack of jobs and self-esteem. I also feel that TV and movie violence has a definite effect, particularly in young people, on the ease with which a violent act is committed. We must also consider the relationship between a child or adult who commits violence and the environment in which they live and grow. In some cases, this begins in the womb with the damaging effects of alcohol and other drugs on the fetus, with actual brain trauma from beatings, with being victimized and with the devastating role model witnessed on a daily basis by many children growing up in a home racked by violence and abuse.

I spoke recently at a Rotary club meeting in Kona and was thinking of cases of family violence I've personally cared for in the Hilo ER, as well as, murdered partners that Diane and I know personally. My memory is crowded with reflections of the terror in the swollen eyes of a woman whose face is broken, bloody and pulpy, the woman with the shattered forearm, one covered head to toe with bruises and lacerations and a young woman with multiple torturous, superficial knife lacerations all over her body, including a 6-inch laceration across the throat. That one was carefully inflicted while her hair was held—it came close to killing her but was meant to terrify her.

Another troublesome episode involved a 12-year-old boy who was grabbed when he attempted to stab someone in the chest. He is the product of a chemically damaged pregnancy. An 18-month-old boy I saw recently, best emphasizes the message of awareness of violence and brain injuries. This boy, now in foster care, came to the ER with an ear infection. He is severely brain injured, can't talk, sit upright or feed himself. I remembered caring for him when he was brought in at age 2 or 3 months having been starved and beaten by those he trusted.

This pitiful little boy, with a BROKEN BRAIN, best sums up the problem. Not only must we consider the terrible human suffering, but also the monumental costs of caring for someone this disabled. It is my opinion, we are just seeing the tip of the iceberg in terms of the amounts of family and stranger violence that will result from poverty, alcohol and other drug abuse and exposure of the unborn to the devastating effects of alcohol and other drugs.

A few positive comments. I am hearing in meeting with advocates and from word of mouth, that more networks of "safe houses" for victims are being formed. There is more awareness in the community. In Hilo, we are very proud of our advocate call system in the ER. I have long believed in mandatory reporting to police of incidents of violence, but well understand the fears of victims when the police are called against their will. We have policy now at Hilo Medical Center that provides for calling victim advocates and offering their counsel to victims in the ER. I feel that is working very well in providing the foundation of safety and support for victims.

So in this month of awareness of the costs of traumatic brain injuries, let us heed the advice of that 12-year-old girl from D.C. Let us couple our pity and compassion with the will to approach the epidemic of family violence like we would any major epidemic: emphasizing public awareness, education, prevention and sound treatment. As Dr Jeff Goldsmith once said, physicians in America clean up wrecks of life styles at the bottom of a cliff. It's time to build the safety net at the top of the cliff.