
EDITORIAL

Violated?

In this issue we have an article by Motsei¹ and news of a symposium on the topic of violence.

Are you also discovering more and more in the consulting room that all kinds of symptoms have their origin in a preceding violation? There is a long list: rape, abuse, assault, incest, tonsillectomy without any explanation and inadequate anaesthesia, hijacking, burglary and you name it. Often the experience of having been violated is not discovered, and an endless ritual of many failed treatments for various conditions and symptoms and doctor-hopping takes place.

It is not that there was no consultation after the injury or rape, but it was dealt with, as Motsei found, without reference to the cause of the violence. The wound was sutured or the rape form completed for the police. No mention is made of the issues around being violated, the subjective feelings and fears of the person do not get acknowledged nor addressed. No arrangement is made to deal with these issues after a few days. Months later there are consultations for headaches and stomach aches, vague anxiety and depression. The nightmares and the trigger event are now hidden behind days, months and many events.

It is time we focused on the violence experience rather than merely dealing with the trauma. We must continue to deal with trauma in an efficient, competent and life saving manner. This alone, however, is not sufficient for excellence. I am convinced that we can reduce subsequent morbidity by acknowledging the person's experience and giving them immediate, and follow-up opportunities to discuss the matter if

they so wish. If we do this, we will surely be more alert and think of connections to the violence at subsequent consultations. In addition to decreasing morbidity, I also agree with Motsei that "the GP can either reinforce or break the cycle of violence". Most violence arises in or around the home environment.² If we give some attention to the person's context we may, by very small interventions, influence the dynamics within the home. By addressing such issues as fear, anger and guilt, negative cycles of interaction between family and friends can be turned about.

If you have any experiences around these themes, please write in. It is high time we made the move from merely managing the traumatized to also give our best attention to the violated person and their context.

Sam Feiloren

References

1. Motsei, M. Breaking the cycle of violence: The role of the Family Practitioner. *SAfr Fam Pract* 1993; 14: 208-15.
2. To follow in subsequent issues.