

A Cry for Help

By Jan Collins Stucker

Published: June 1994

REDBOOK

The young woman in the hospital emergency room has bruises on her face and arms, a gashed lip, and a bloody eardrum. "This was from your husband, wasn't it?" Gail Bundow, the doctor on duty, asks gently.

The woman stares wide-eyed, then begins to weep. "How did you know?"

Dr. Bundow knows because she herself was once a battered wife. Today, at 33, she is happily remarried, but in one sense she has never left her earlier life behind. Despite the many times she was treated for beatings, not once did a doctor ever ask her what happened. When she herself became a doctor, she swore she would not only help battered women find a way out of their private hells, but she'd educate fellow doctors about the epidemic of domestic violence.

"I would not be doing my duty, not following my oath to provide care and protection, if I didn't speak out," she says. "As a result of domestic violence, we are seeing millions of women in our emergency rooms and our doctors' offices. But we're just putting on Band-Aids. We're not fixing the problem."

More than half of the women murdered in the United States each year are killed by a current partner or ex-husband, according to the FBI. And each year some two to four million women are assaulted by their husbands or boyfriends, more than are injured annually in auto accidents, muggings and rapes combined. Approximately one in three of the women in emergency rooms has suffered injuries from domestic abuse.

And yet, says Dr. Bundow, "there is a high level of ignorance about domestic abuse in the medical community." Doctors of all specialties, she says, are seeing women with symptoms that point to domestic violence—"women with chest pains, headaches and nervousness"—and yet they don't ask questions or intervene beyond treating wounds. When doctors do suspect abuse, many don't want to get involved because it makes them uncomfortable, or they're afraid to offend the husband, or they just feel they don't have the time. Or maybe, she says, they'd rather not know.

"They might play golf with the woman's husband. It's easier just to give the woman medical care."

That's tragic, says Dr. Bundow, because doctors are in a unique position to help; a single one sees thousands of patients over his or her lifetime. That's the message that, for the past four and a half years, Dr. Bundow has been trying to spread in her frequent lectures to doctors, med students, and nurses. She also meets with civic clubs, police officers, prison parole boards, lawyers, social workers, women's groups, and professional and religious associations—"anybody," she says, "who wants to listen. I tell them this can happen to anyone. It happened to me."

Gail Bundow grew up in a working-class family in Miami, the fourth of five children of a homemaker and an airplane mechanic. She was 20 and a student at Texas Christian University in Fort Worth when a friend introduced her to a fellow student who would become her husband. She had had a few serious boyfriends before, but this young man seemed different. "He was very self-confident," she remembers. "He was the person at any party who everybody noticed."

Bundow describes their yearlong courtship as "a fairy-tale romance". He was charming and attentive, and often sent her flowers. The son of a wealthy businessman from the West Coast, he occasionally flew her to different cities for dinner on a leased plane he piloted himself. "I was star-struck. I felt like Cinderella." He also demanded a lot of her time, pressing her to cancel dates with friends to be with him instead. At the time, she thought he was "just showing how much he loved me." They married in 1983, shortly after her college graduation.

But her new husband's possessiveness soon turned oppressive. He demanded to know where she was and what she was doing every minute. He increased his efforts to isolate her from friends and even her family. "He didn't like it when my family was around. Friends quit calling because he always told them I was too busy to talk."

Both she and her husband worked—she at a local doctor's office to earn money for medical school, her dream since childhood. He, who had little money of his own despite his family's wealth, had a series of different jobs. But he couldn't seem to hold one, partly because of his temper. After they had been married about four months, Bundow called her husband at his office one day, only to have his boss return the call, saying that because of her husband's uncontrollable temper tantrum earlier that day at the office, he had been fired. That night she confronted her husband, asking why he had lost yet another job. His response was a backhand across the face. "Because you're not a good wife," he snarled.

Bundow was "shocked and horrified," she says. "There was no warning. He had never hurt me before." She'd never seen any physical violence growing up in her home, and neither, as far as she knew, had her husband. Badly shaken, she asked him to get professional counseling, and for a short time he did. "I thought we could work through it," she says.

But the counseling didn't help, and within weeks the violence escalated—from slaps and shoves to choking and punches. She never knew what would set him off. Usually it was small things: Dinner was late, she talked on the phone too long, she didn't get his permission before she wrote a check.

Bundow was "embarrassed and ashamed" to tell her own family, who lived hundreds of miles away in Florida. But she asked friends and colleagues what to do. Instead of offering help, though, they reacted as if she were exaggerating. "They said, 'The first year of marriage is tough,' or 'You're not understanding him.'"

She called her in-laws to see if they would talk to their son about his violent behavior. "He's your husband," her father-in-law said. "Deal with it yourself." Police came twice to the apartment after beatings, once when she called herself, another time when a neighbor, hearing a commotion, called. "Both times I wanted them to take him away," Bundow recalls. "But they said this was not something they needed to get into and discouraged me from pressing charges. They said to go to a marriage counselor." She also went to a local chaplain for advice, and "he told me I obviously wasn't a humble or obedient wife, and I needed to go home and try harder. He told me prayers to say and things to do at home." She left the meeting in tears.

But she did try to make things better. "I'd make sure dinner wasn't late and everything was the way he wanted it. I tried to make sure nothing would set him off." But there was no winning. "The rules constantly changed," she says wearily. "One time it's because you're wearing a red dress. The next time it's because you're not wearing red."

Meanwhile, the injuries mounted. Once her forearm was broken when she raised her arm to

block a blow. Another time her husband cracked her larynx while choking her. She suffered corneal scratches and a broken nose. He'd punch her in the stomach and chest "to hurt me where it wouldn't show," she says. He often tried to stop her from getting treatment, but she became a fixture in local emergency rooms anyway.

Invariably, her husband would apologize profusely after the beatings, and would begin courting her anew with flowers, candy, and gifts. At first she believed him when he promised he'd never hit her again. When the violence didn't abate, she realized that she had to get away. But she felt trapped.

"When I'd say I was leaving him, I'd be beaten to a pulp," she says. "He also threatened to hurt my parents and my young niece if I left him." To demonstrate what would happen to her if she told anyone about the abuse, he flung their dachshund puppy—one of his reconciliation gifts--against a wall, breaking its hind legs. As the puppy lay yelping on the floor, he told her that "next time it would be my niece's cry." (He went with Bundow when she took the puppy to the vet and told the doctor the dog had jumped off a high bed.) Soon after, when her husband was traveling, he phoned Bundow's sister, asking to take his young niece out for ice cream. Bundow's sister, who knew nothing about the abuse, declined the offer, but it terrorized Bundow, coming so soon after the threat. "I can't tell you why, but don't ever let him take her anywhere," Bundow begged her sister later. "Promise me." Her sister promised.

In desperation Bundow bought a 357 Magnum for protection; she told her husband she was afraid of a serial rapist who was at large in the area. He fully approved of the purchase, and she took a police-sponsored class to learn how to use the gun. But she never had to use it on a stranger. Instead, late one night her husband lunged at her with a knife and hurled her against the wall ("there were indentations where my head hit," she says). She no longer recalls exactly what set him off, but it was nothing out of the ordinary. "I felt this was the end. I had no doubt that I was going to die at his hands." She ran into the bedroom where she kept the loaded gun under the bed. "I cocked the gun and told him if he hit me one more time, I'd kill him. He came at me and I pointed it at his face, and in that second he realized he didn't have control anymore." He fled the apartment.

The year of hell, as Bundow calls it, was finally over. She moved to San Antonio and worked her way through medical school as a waitress. Eighteen months passed before the couple's divorce—on the grounds of desertion and irreconcilable differences—was final. She chose not to cite abuse as the grounds for divorce because she was interested in cutting her ties with her husband as quickly as possible.

After four grueling years, she earned her medical degree from the University of Texas Health Science Center of San Antonio. She dated but didn't want to get too close to anyone. Then she met a gentle pharmacist, whom she married in 1989. "He's incredibly patient and kind and very supportive," she says. "I couldn't be happier."

In 1988, the year before she remarried, Gail Bundow accepted a residency in emergency medicine at a hospital in the South. Once there, she invited a representative of Sistercare, a local nonprofit agency that counsels and houses battered women and their children, to come to the hospital to speak. She was encouraged when the talk was well received. Soon after, she became a Sistercare volunteer herself, coordinating food, clothing, and gift drives.

By the following year she felt she wanted to do more; she told Sistercare she'd be willing to give talks about her own violent former marriage. She made that decision, she says, because "people

relate to a person better than to an issue. Sometimes you have to put yourself on the line."

At first she found going public painful, but it helped enormously to see she was having an impact. A nurse in one of her audiences phoned her the next day, saying she'd been beaten by her husband for the entire 28 years of their marriage. Dr. Bundow put the woman in touch with counselors, who helped her get out of the house. But getting women out of immediate danger is only part of the job, she says. "We need to help them find places to live long-term, counseling, and legal help." Working with a network of social workers, legal counselors, and battered women's advocates, she does just that.

She also worried that telling her own story might be a professional risk. But by 1991 the medical community started to catch up with her approach. That year she was given a leadership award by the American Medical Association (AMA) and Burroughs Wellcome, an annual award bestowed on 50 resident physicians for community service and leadership on social issues, for her domestic violence activism. Soon after, she was asked to write an article for the *Journal of the American Medical Association*. In the June 1992 article, Dr. Bundow urged her colleagues to keep in mind that "your interaction with an abused patient has an incredible effect on her; she is searching for someone to believe her and, if possible, to offer an alternative." Be aware, she also wrote, "that by not asking whether domestic abuse is the cause of your patient's injuries, you could be closing your eyes to the fact that this woman will most likely return home, only to be beaten again... and again."

Her letter was timed to coincide with the announcement of the AMA's new guidelines on domestic violence. Physicians "should routinely inquire about abuse as part of the medical history," the guidelines say, and they "have an obligation to familiarize themselves with protocols for diagnosing and treating domestic violence and with community resources for battered women and their children."

The pressure to get more doctors involved has extended to religious leaders and government officials, who are finally switching from apathy to action—a stance that could have helped Gail Bundow ten years ago. In October 1992, in their first official statement on spouse abuse, the country's Roman Catholic bishops declared there is nothing in the Bible requiring women to submit to abusive husbands. The bishops encouraged parish priests to be ready with "a safe place" for battered women who seek help.

Dr. Bundow is cheered by this shift in public attitude, but she still feels not enough doctors put it into practice. In her own hospital's emergency department (whose name and location she has asked be withheld out of concern that her ex-husband might find her), she is constantly on the outlook for abused patients. "The biggest tip-off is when the injuries don't fit the story they're telling," says Dr. Bundow. "Then you really kick into high gear and get persistent." She always sends the husbands out of the room so she can question the women in private. Occasionally, if she feels it necessary, Dr. Bundow tells the women her own story. Sometimes they cry; often they hug her. "They say, 'Thank God you asked. No one ever asked me before.'"

Battered women, Dr. Bundow says, live like "concentration camp prisoners. Their self-esteem is gone, and their support systems are destroyed. They basically feel like they're on a deserted island with this person, and they don't know how to swim." She gives them their first "swimming" lesson. "I tell them that it's not their fault, that they're okay people, that there is help for them. I tell them that no human being deserves to be beaten."

It's a message that's straight from the heart.

