



The Emergency Physical

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She has never been seen in our office before but called this morning wanting an appointment “right away” for her Pap smear and physical. Maria is 32 years old and is employed as a housekeeper at a local hotel. She has had three children and is healthy. As I listen to her I learn she is an immigrant from Guatemala, that her children are back home, and that she moved here 4 years ago to join her husband, whom she had not seen in 8 years. She is not worried about illnesses—no diabetes, her parents are alive and well, and all her children are healthy. Menses are regular, birth control is “*mi marido se cuida*” (my husband takes care of himself).

I ask if there is anything else I should know or if she has any other worries. She says “no,” but I see “it,” a fleeting expression as if a small fast-passing cloud just veiled her eyes (Figure 1). It is a moment of pain and sorrow that comes and goes so fast I could have missed it if I had been looking in a different direction.

“What else?” I ask. “Maria,” I say softly, “is there something else?” Her eyes fill with tears, and the expression of anguish returns. Now I can see so deeply that I realize there is no bottom to this pain. I sit down again, closer to her now. She weeps as she shares a story:

“It had been too long. I wanted to see my husband; he had a good job and became a foreman. The

girls are older now, my mom can take care of them, and if I join him here and work, we can both put the girls through a better school, build a house back home, maybe they can become doctors in Guatemala. Doctora, it was time for me to join him in the US. I missed him.”

Her tone is that of a plea. She talks as if asking to be forgiven for the decisions she made during her family’s quest for a better life.

“My husband paid for my trip. But the men, there were five of them. They crossed us from Guatemala through Mexico all the way to the United States. We were 17 men and women and the five men who crossed us. Two of us were women traveling alone. They came to me and the other woman one night and tried to have sex with us. We refused. They took us aside; they tied us down, put us on the floor and stood by us and said that if we did not have sex with them they would kill the entire group. We still refused. They hit us, and they insisted they would kill us. And I thought of the other people crossing, and their families waiting for them, and they kept saying if you don’t do it we will kill all of you, and I thought of all of us, and I could not let all of us die. So I did it.

They had sex with me, doctora, every night. All five of them made me and the other girl have sex with them. All five of them, every night, while the others slept. I could not

stop crying, and they would hit me if I did. They raped me, doctora. Rape, is that the word? It was so painful, I had bruises everywhere. I think the others heard, but everyone was so scared

Doctora, I have never told this story to anyone. I can’t sleep; I can’t stop thinking of them. I was so happy to see my husband, but when he gets close to me, and I smell his skin I cannot stop thinking of all those

Figure 1



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From the Department of Community and Family Medicine, Duke University.

men, and for the last 4 years, every time he comes close to me I cry, and feel nausea, and I sometimes vomit, and he thinks I do not want sex because I have another man. Doctora, please help me. I love him, but I can't get close to him. Doctora *necesito su ayuda.*"

My front desk staff wonders why these women and girls "suddenly" want a physical exam. I know the reason all too well, I have seen it often enough—I call it "the emergency physical." The increasing tensions of her marital conflict coupled with an event that happened last night or this morning have acted as trigger and created an urgent need to solve the problem. Maria has developed a sudden strength that was not there before, and she has come into the office for a "physical" that had been postponed for many years. And that extra question—"Is there anything else you want to tell me?"—asked together with an understanding look, becomes the safe moment she needs to be able to share the devastating experience that has marked her life.

Maria's request for an emergent health maintenance visit highlights a true "life emergency" is taking place, and it must be respected and addressed as such. She needs help to share and rewrite her story. Often labeled as "poor historians," victims of violence may be struggling to find someone who is attentive and emotionally available to listen to them



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and help them tell the stories that unlock their healing process.

As a family physician I know the importance of being aware of the many social and psychological dimensions of a patient's life and to be mindful that those who were traumatized by violence might share their stories in indirect gestures and messages. I have the opportunity to engage Maria and transform the clinical encounter into the beginning of a healing and affirmative experience (Figure 2). My role is that

of helper, counselor, support person, family doctor. I try to give her the support she needs to recognize her strength, achieve resilience, and accomplish her life's goals. I am here to listen. I am a witness to the stories of sorrow, and in cases like Maria's, the horrors of sexual violence shattering an immigrant's dreams.

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