



I'll Go First

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Sometimes social change comes slowly, with steady progress toward acknowledgment that not everyone has equal access to human rights. Sometimes, it comes with cataclysm, a gigantic rift and great leap forward in the minds of many. This year there has been such earthquake, an awakening to the idea that women's bodies are not their own. After the "grab them by the pussy" tape, one woman publicly asked others to share their first sexual assault.¹ When powerful men in entertainment were held accountable for decades of assault, women joined their voices, stating "me, too." As this outpouring grew, I turned inward, worried for my daughter, for my female medical students and residents, for my patients that happen to live in female bodies.* Why has the medical community stayed silent? It's time to end this; it's happened to me too. I'll go first.

My first sexual assault happened when I was 9 years old. I can be sure of my age because it happened in fourth grade and I have a summer birthday. I tested into our school district's gifted program; my parents were so proud. One afternoon a week I went to a different school with special teachers, our time ending with recess when our male teacher would play football with whomever was interested, taking the position of quarterback. I loved football and jumped at the chance to play, having been

excluded from neighborhood pickup games for being a girl. It was during these games I was first sexually assaulted, in full view of my peers. As I would take the football and pass it back, his thumb always grazed my thigh up inside my shorts towards the place where my underwear hung away from my groin. The subtlety of the movement was disproportionate to my confusion. What's happening? Am I imagining this? I never told anyone, and I kept playing because I did not trust myself to understand what was happening with my own body. But I think some other little girl did; the next year we had a different teacher.

Here's more. In college, I was driving back to campus after a break. Somewhere on the Pennsylvania interstate, a semi truck pulled up next to my car and resisted all my efforts to pass, matching my speed as I drove faster and then slower. When I made eye contact with the driver, he mouthed "Show me your tits." I responded with a hand gesture and two-word phrase easily discerned through lip reading, then quickly pulled in front of him. Thinking this unpleasant experience was over, I drove away as fast as possible. And then something strange happened. Whenever another semi truck approached, the driver would match my speed, mouthing similarly lewd statements, pulling menacingly close to my small car. Eventually

I realized the original trucker must have contacted others by radio and given them a description of my car. Why were they doing this? Was it the way the seatbelt cut across my chest? This scenario repeated itself a dozen times the next 3 hours as I drove on, tachycardic and tremulous, unwilling to stop in fear that something far worse might happen to my body if the truckers identified my car at a rest area. I never felt such relief exiting an interstate as I did that day. Later I told my boyfriend, he shrugged and said that these things happen.

On my first clerkship, the surgical resident on the team flirted with me brazenly, hugged me intermittently, and one call night, leaned in to kiss me. Had I not made it clear I was recently married? When my attending noticed the following day that I was not myself, I finally shared what had been building for weeks. The clerkship responded by removing this resident from our team; confusion and chaos ensued with only me knowing the impetus for this abrupt change. Although they stopped the harassment, I received no other support—no counseling referral, no assurance that I would not be placed on his team sometime in the future, no indication that they had told him he could never approach me again. And

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so I lived out 2 more years of clerkships in fear that patient care would bring me back to him. When it did, I would abruptly change course or hide until he had left, sneaking out only when I saw he was gone.

Of course there is more. Professors who look us up and down. Patients who call us “gorgeous” or grab our bodies while we deliver care, all without fear of reproach. It’s confusing to live in this world. What constitutes acceptable behavior from one’s teachers and patients? Where is the line between our bodies and their desires? Sometimes it feels like it is drawn directly on us.

Why acknowledge this tsunami of assault that starts before puberty and continues indefinitely? Perhaps because it will help us understand ourselves and our patients. We know that toxic stress and adverse experiences impact physical and mental health.² What if the explanation for the disproportionate female burden of depression, autoimmune diseases, and illness we don’t understand like fibromyalgia is not estrogen, or an extra X chromosome, but assault, abuse, and a lack of agency?³ If we recognized their experience, how would that change our approach to caring for women? Would we stop thinking of them as weak or unlucky or a victim of their anatomy, hormones, or chromosomes? Could we acknowledge the real physical manifestations resulting from the cacophony of confusion inside their heads as they seek to answer a seemingly simple query: Is my body my own?

So here is how I redraw the line. To my daughter and all other girls, I say, in no uncertain terms, your body is your own. You and only you

get to decide what happens to it. If you feel confused, that often means someone else is trying to decide what to do with it. Find a trusted adult, tell and shout your story, keep telling and shouting until someone pays attention because many adults are also confused about where the line goes. To my son, if I teach you nothing else, remember that misogyny is everywhere, so stand up and fight for justice. To my female students, when the day comes that you are assaulted by a patient, peer, or teacher, it is not because you wore the lower-cut blouse or shorter skirt. Your right to decide what happens to your body is not undone by you becoming a physician. Male colleagues must treat you with respect and join in this fight; male patients do not get to say whatever they want, to touch you without your consent.

And to my female patients, I am so very, very sorry. I did not question the miseducation I received in medical school, the idea that women suffer certain health problems just because. It’s not the chromosomes or hormones, it’s the assault. You embody the physical, emotional, and verbal violence directed your way, the shame and anguish that comes with not knowing where to draw the line.⁴ I share these stories not because I am brave, but because I am done keeping their secrets. I know what happened to many of you feels far more unspeakable. I invite you to share what you can. I will do my best to help heal your wounds. Let there be no confusion, you are not to blame.

Footnote:

*In this piece, I use the terms “female,” “woman,” and “girl.” Gender-based violence does not simply affect cisgender women and girls, and I recognize the ways that these words may exclude other people who are persecuted and violated based on their sex and/or gender, including transgender men and women, and gender nonconforming individuals with more feminine gender expression.

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