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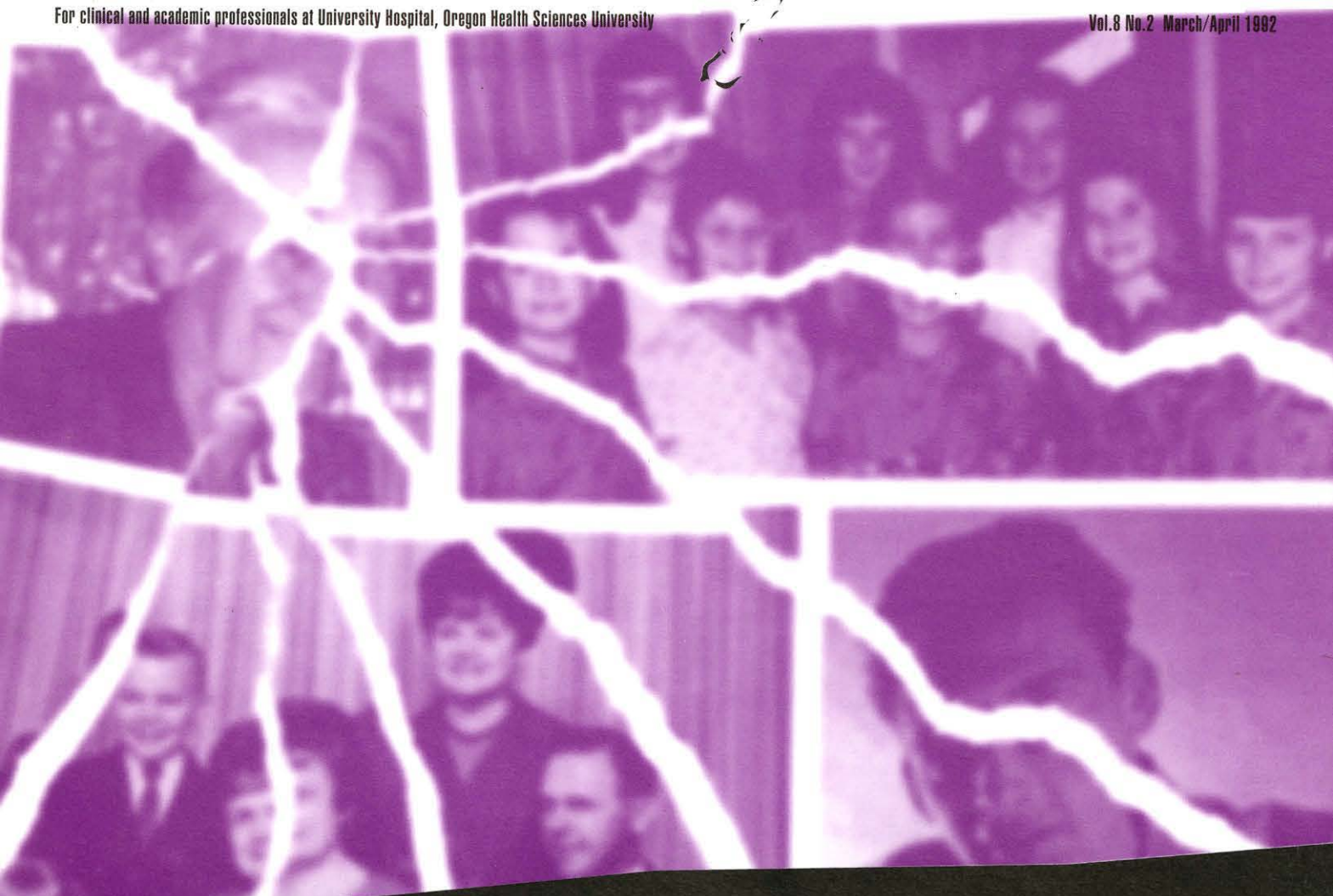

FAMILY VIOLENCE

OHSU NURSING
Catalyst

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It is a communication vehicle designed to reflect trends in clinical practice, research, education, health care and events within University Hospital. Editorial Office is located in University Hospital North, Room 5325, mail code UHS-20 494-6115

1. Articles to be submitted must:
   a. Be typed double-spaced with 1½ inch margins on both sides.
   b. Include typed reference lists, tables, etc.
   c. Be edited for spelling, punctuation and syntax prior to submission.
2. Any photos submitted must be black and white.
3. The editor reserves the right of final approval or rewrite. Articles will be published based on space available and editorial discretion.

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DIALOGUE

I will divert from my usual format for this column in order to emphasize the importance of the information presented in this issue by the expert authors. Family violence is a topic which most of us ignore. It is a topic which we mistakenly believe is not relevant to our lives or our practices. On the contrary, it is a pervasive problem in our society — sparing no race, no social class, no profession, no age group and no gender (though women and children are the most common victims). Before coming to OHSU, I personally knew a secretary who was abused by her boyfriend, an infant who died of neglect resulting from the mother's undiagnosed mental illness, a department head who was abused by her physician husband, a faculty member in a School of Nursing who was abused by her husband, and the 12 year old daughter of a friend who was raped by her stepfather. In most of these situations, all who were involved (family, friends, healthcare professionals) missed the warning signs because family violence was not even considered in these white, upper middle class families.

Traditional healthcare has finally begun to recognize family violence as a health problem. Recently the American Medical Association alerted the American public to the extent of the problem in two-page ads in major national news magazines. The Joint Commission on the Accreditation of Health Care Organizations in their 1992 standards requires that Emergency and Ambulatory Care Departments have a plan for educating their staff in the areas of assessment and treatment of family violence across the life span.

Nursing in general and OHSU/University Hospital in particular are leaders in this effort. For years Virginia Tilden and Barbara Limandri, OHSU School of Nursing, and Dan Sheridan, Trauma Program, have contributed locally, regionally and nationally to research, education and practice in the specialty of family violence. Nurses have produced the majority of health-related research and scholarly writing on the subject of family violence.

On April 9-10, 1992, OHSU School of Nursing and University Hospital will host a conference of leaders from around the country who have dedicated their careers to prevention, early identification and treatment to obliterate this enormous problem. We are indeed fortunate to have available our own internal experts on this subject and to have access to the national leadership at this time.

Marilee Donovan

Associate Hospital Director for Nursing Service

FEATURE

VIOLENCE in AMERICA
VIOLENCE in our HOMES

Daniel J. Sheridan, MS, RN

Violence in America is endemic and annually results in thousands of deaths and millions of injuries. The costs in real dollars and human suffering are immeasurable.

Intentional injury is expensive. During 1987, one of ten discharges and one of twelve days of care were injury related (Rice, D. MacKenzie, E. & Associates, 1989). Frequently, intentional injury is abuse of women. ED records report that between 25-30 percent of women seen in emergency departments are victims of physical abuse (McLeer & Anwar, 1989 and Stark, Flitcraft & Frazier, 1979). Three times more women are injured in family violence than in motor vehicle accidents (Rosenberg, Stark, & Zahn, 1986).

Data from a large urban hospital-based family violence intervention program place the annual cost of family violence at that institution at over $1 million and extrapolate the national cost of health care to family violence survivors to be several billion dollars (Sheridan & Bohn, 1989).

Efforts to combat violence in our society have largely focused on intentional injuries perpetrated by strangers. We are told to lock our doors and install expensive hi-tech home security systems. We are encouraged to use escorts and security personnel when we leave our work places late at night. We instruct our children not to talk with strangers. While efforts to reduce our chances of being the victims of intentional injury from strangers are to be applauded, these efforts fail to address the major cause of intentional injury in our society - violence in the home.

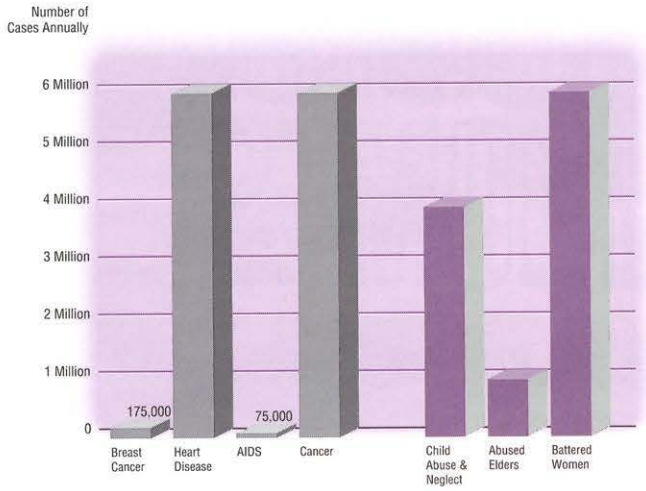
In 1985, U.S. Surgeon General C. Everett Koop stated that violence in America, especially family violence, is the number one health issue in the nation, effecting more Americans than any other single health problem. Annually in this nation, approximately two million children are abused and neglected in their homes; some six million women are beaten by an intimate male partner; and one million elderly are abused and neglected in their homes by family members.

Family violence survivors can be of any race, religion, economic status, educational background, and age. While some men are victims of family violence, ninety-five percent of adult battering is perpetrated by men against women, and men are indicated in the majority of serious child abuse reports. A women is battered once every 15 seconds in the United States. Estimates of the incidence of battering during pregnancy range from 8 to 20 percent (Helton, McFarlane, & Anderson, 1987; Hillard, 1985; and Bullock & McFarlane, 1989).

Healthy People 2000: National Health Promotion and Disease Prevention Objectives (1991) calls for the identification, strengthening, and expansion of programs that address the consequences of violent behavior and lists prevention of violence as one of 21 national health priority objectives. Also in 1991, the Joint Commission for the Accreditation of Health Care Organizations (JCAHO) called for health care standards and staff training on identification and procedures for handling possible abuse victims throughout the life cycle.

For over ten years, nurses have been the leaders in addressing the health care needs of survivors of family violence throughout the life cycle (eg. McKittrick, 1981; Campbell, 1981 & 1986; Campbell & Sheridan, 1989; Anderson, 1981). Nurses in numerous clinical settings can be the first to assess the presence of family violence. In 1985, the national Nursing Network on Violence Against Women

Family Violence as a Public Health Problem



(NNVAW) originated during the First National Nursing Conference on Violence Against Women in Amherst, MA. Since its inception, the NNVAW has sponsored four national conferences, bringing together hundreds of nurse clinicians, educators, and researchers in a continuing effort to reduce violence against women and children.*

In the Portland area the severity and incidence of violence against women mirrors the national problem. In 1989, the Portland Police Department received 11,053 domestic violence related calls. In 1989, in the Oregon tri-county area surrounding Portland, 33 women were murdered by an intimate male partner. Of this number, 27 of the women had gone to court and had received a temporary restraining order in efforts to provide them additional legal protection from abuse. While the judicial system can be very effective in breaking the cycle of family violence, the numbers above reflect the sobering reality that restraining orders are printed on paper that is not bullet or knife proof.

*(Information on the Fifth National Conference on Violence Against Women in Tampa, FL in January 1993 and membership applications for the National Nursing Network on Violence and Abuse may be obtained by calling Daniel J. Sheridan, MS, RN at ext. 4-7207.)

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