

ACOG News Release  
The American College of Obstetricians and Gynecologists  
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For Release  
January 3, 1989, 10:30 AM, EST

## Doctors Announce Campaign to Combat Domestic Violence

Washington, D.C.--Announcing a campaign to help physicians detect and assist victims of domestic violence, Dr. Luella Klein, past president of The American College of Obstetricians and Gynecologists (ACOG), joined with Surgeon General C. Everett Koop to state that violence against women is not tolerable in our society.

Dr. Koop said that battered women "are a population at risk. As many as 15 million adult women have been victims of battering, rape, and other forms of physical and sexual assault. Each year a million or more women are added to that total."

Dr. Klein expressed the hope that with the new information and resources the nation's ob/gyns were receiving they will be able to send the message that "no woman should have to be trapped in a situation where she and her children are put at risk because of violence."

"It's an overwhelming moral, economic, and public health burden that our society can no longer bear" Koop said. "In this country, no man has a license to beat...and get away with it, and no woman is obliged to accept a beating... and suffer because of it."

Both physicians emphasized that help is available from law enforcement and the courts and from a number of social service organizations such as

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local, state and national coalitions against domestic violence, and from medicine.

Klein credited the Surgeon General with "encouraging health professionals to play a key role in detecting and helping abused women patients" and announced that "all 27,000 members of ACOG are receiving information that will equip them to detect when one of their patients is a victim of battering."

ACOG is providing its members with information which will help them detect if their patients are battered, with information about women's legal rights, social services that are available to women, strategies for helping women escape from situations in which they will be battered, and patient information which physicians can use to tell women how to deal with battering.

"We are providing physicians with the tools they can use to help women escape from such a relationship" Klein said. "We don't expect ob/gyns always to treat the pathology of battering, but we expect them to tell women what their rights are under the law and advise a woman how to plan for dealing with her abusive partner."

Klein pointed out that the doctor should pay particular attention to women who exhibit injuries on their head, neck, chest, abdomen, breast or arms. A women who tries to defend

herself often suffers severe injuries including fractures to her upper extremities. "Because ob/gyns are often the health professionals who care for many women, they play a vital role in detecting the woman who may be the victim of abuse and in offering appropriate care and counseling."

The doctor's ability to recognize the abused women depends on his or her "index of suspicion" Klein said. "It is so important to identify these women because they are marked for further physical injury if something is

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not done to break the cycle of abuse. They are at high risk for suicide or homicide, and their children are in equal danger."

The material being provided to physicians describes these women as visiting clinics or offices frequently with complaints including: headaches, insomnia, choking sensations, and stomach, chest, pelvic and back pains.

In visits to the doctors' offices or clinics, the women may appear shy, frightened, embarrassed, evasive, anxious, or passive and often may cry.

Klein said "the batterer often comes with the woman and stays close at hand so that he can monitor what is being said. The physician should be suspicious if the woman is hesitant to provide information about how she was injured especially if her explanation does not fit with the injuries observed."

Both Surgeon General Koop and Dr. Klein emphasized that wife battering is a common problem that affects the family unit in particular and society in general. It occurs in all segments of society and reflects the violence that is part of the behavior of too many.

Dr. Koop concluded "we say we are-a civilized society. Let's act like one, and let's stop the violence in our families. Let's end the battering of women in this country."

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### Remarks

By

C. Everett Koop, M.D., Sc.D.,  
Surgeon General of the U.S. Public Health Service,  
U.S. Department of Health and Human Services

Prepared for Presentation at a Press Conference by The  
American College of Obstetricians and Gynecologists

I'm delighted to be here with Dr. Klein at this important press conference.

Three years ago, I held a "Surgeon General's Workshop on Violence and Public Health" and I was fortunate to have Dr. Luella Klein take charge of the sessions on spouse abuse.

She was then--and she remains today--a valued colleague and a strong ally in our national public health campaign to eliminate violence from the homes of America.

Of the many recommendations that came from that workshop, two were directed squarely at

us:

One recommendation urged the Surgeon General to do whatever he could to inform the American people of the epidemic of violence that infects over a million homes every year.

And a second, more specific recommendation urged the medical profession --and obstetricians and gynecologists in particular--to do whatever they could do to stop the violence against women, pregnant women, and infants.

Today, Dr. Klein and I--and The American College of Obstetricians and Gynecologists and The U.S. Public Health Service--are keeping faith with the people who attended that workshop... and we're also keeping faith with the women of America.

They are a population at risk, I am sorry to report. As many as 15 million adult women have been victims of battering, rape, and other forms of physical and sexual assault. Each year, a million or more women are added to that total.

It's an overwhelming moral, economic, and public health burden that our society can no longer bear. In this country, no man has a license to beat...and get away with it. And no woman is obliged to accept a beating...and suffer because of it.

Help is available from law enforcement and the courts...from community and social service organizations, such as local and state alliances against domestic violence...and from medicine. As we will learn again today from The American College of Obstetricians and Gynecologists.

This, then is my message to the women and men of America:

We say we are a civilized society. All right, let's act like one, and let's stop the violence in our families.  
Let's end the battering of the women of this country.

THANK YOU.

The American College of Obstetricians and Gynecologists

For Release

Tuesday, January 3, 1989 10:30 AM, EST

STATEMENT BY  
LUELLA KLEIN, MD

Past President  
The American College of Obstetricians and Gynecologists

First of all, I want to thank Dr. Koop for stimulating us to take an active role in reducing the incidence of domestic violence in this country. The message that we are sending to American women today is that they do not have to accept being battered or being subjected to violence. No

woman should have to be trapped in a situation where she and her children are put at risk because of violence.

Increasingly, more and more help is becoming available. The approximately 1,200 shelters and the state and local coalitions--although still inadequate to handle the problem--are available along with a greater interest on the part of law enforcement officials, the courts, and now, we hope and expect, through greater numbers of physicians who will pay more attention to the problem.

All 27,000 members of The American College of Obstetricians, and Gynecologists will be receiving information that will help them detect when one of their patients might be the victim of battering. The information we are sending out right now will help doctors explain women's legal rights, gives information about social services that are available to women, and an explanation of strategies for helping women escape from situations in which they or their children will be battered.

In addition, we are providing patient information that the physician can use to tell women how to escape or change an abusive relationship. We are providing physicians with the tools they can use to help women escape from such relationships.

We don't expect ob/gyns always to treat the pathology of battering. They may not be the ones to set the broken bones, heal the cuts and bruises, or provide professional counseling, but we do expect them to be able to tell women what their rights are under the law and advise a woman how to plan for dealing with her abusive partner and to refer them to where they can get the best help.

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Because ob/gyns are the health professionals who care for many women, they play a vital role in at least being in a position to detect when a woman may be the victim of abuse.

We know that the batterer often comes with the woman and tries to stay close at hand during the examination so that he can monitor what is being said. The physician should be suspicious if the woman is hesitant to provide information about how she was injured especially if her explanation does not fit with the injuries that are observed. The doctor's ability to recognize the abused women will often depend on his or her index of suspicion.

Doctors should pay particular attention during an examination to women who have injuries on their head, neck, chest, abdomen, breast, or arms. A woman who tries to defend herself often suffers severe injuries including fractures to her upper extremities.

It is so important to identify these women because they are marked for further physical injury if nothing is done to break the cycle of abuse. They are at high risk for suicide or homicide, and their children are in equal danger.

Who is the woman a doctor should suspect might be the victim of abuse? These women visit clinics, emergency rooms, or doctors often. Some make appointments and never show up. If they are not being treated for severe trauma, their complaints include: headaches, insomnia, choking sensations, and stomach, chest, pelvic, and back pains. When they come into the office or clinic, they appear shy, frightened, embarrassed, evasive, anxious, or passive. And they may often cry.

As Dr. Koop said, I think it bears repeating--these women may be from any segment of society. Woman battering is not confined to low socio-economic groups. It's not something that only happens to poor women. It can and does happen every day to poor, middle-class, and well-to-do women. It happens to blacks. It happens to whites. It happens to Hispanics. It happens in any racial and economic group. 'And it is time that it stopped.

Thank you, and now we'll be glad to answer your questions.

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FOR RELEASE  
January 3, 1989

The American College of Obstetricians and Gynecologists

### The Abused Woman Fact Sheet

#### Statistics:

- \* 95% of batterers are men.
- \* A woman is battered at least once every 15 seconds in the U.S.
- \* Battering is the single largest cause of injury to women in the U.S.
- \* 3 to 4 million women are beaten in their homes each year. (Battering is severely underreported. This number accounts for only those cases of assault severe enough to warrant police or medical intervention. Many cases are not reported).
- \* 25 to 45% of battered women are battered during pregnancy.
- \* In 1986, 30% of female homicide victims were killed by their husbands or partners.

#### Profile of the Abused Woman:

- \* Any woman can be abused: she can be of any race, religion, economic status, educational background, or age. She can be married, divorced, or may never have been married.
- \* Battered women have low self-esteem, low self-confidence. They feel helpless, fearful, and shameful. They may have conflicting feelings of love and loyalty towards the batterer.
- \* Battered women may be prevented by control and fear from planning or acting on their own behalf.
- \* Battered women often believe they can control the abuser by trying to please him or avoid getting him angry.
- \* A battered woman may have injuries to the head, face, neck, shoulders, and arms. In pregnancy, the breast and abdomen are often targets of assault.

Profile of the Batterer:

- \* At least 60% of men who batter grew up in homes where they were beaten or witnessed parental battering.
- \* Men who batter: use threats, force, or violence to solve problems or control their partners;
- \* Have low self-esteem;
- \* Often have a problem with alcohol/drugs;
- \* May be jealous of their partners<sup>1</sup> relationships with other people;
- \* Blame their partners for their violent actions.

Help for the Battered Woman:

- \* The National Coalition Against Domestic Violence (NCADV) represents a network of more than 1200 safe homes, shelters, and counseling programs around the country for battered women and their children. NCADV: P.O. Box 15127, Washington, DC, 20003-0127, 202-293-8860.
- \* NCADV operates a national toll-free 24-hour hotline (1-800-333-SAFE) to provide information on a woman's safety and options, and referrals to local shelters and support groups.

Statistics provided by the National Coalition Against Domestic Violence (NCADV).

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National Coalition Against Domestic Violence  
PO Box 15127, Washington, DC 20003-0127, 202/293-8860

*State Coalitions\**

Alabama: (205)793-5214

Alaska: (907) 586-3650

Arizona: (602) 836-1239

Arkansas: (501)375-2225  
State hotline: 1-800-332-4443

California:  
Central California: (209) 575-7037;  
Southern California: (213) 578-1442;  
Northern California: (415) 457-2464

Colorado: (303) 394-2810

Connecticut: (203) 524-5890

Delaware: (302) 571-2660  
State contact: (302)762-6110

*(M. Davis)*

District of Columbia: (202) 529-5991

Florida: (305) 886-2856

Georgia: (404) 524-3847

Hawaii: (808)538-7216 -

Idaho: (208)265-4535  
(208)263-6304  
*(S. Belott)*

Illinois: (217) 789-2830

Indiana: (317) 643-0200  
State hotline: 1-800-334-SAFE

Iowa: (515)281-7284  
(515)277-5046  
*(D. Fagner)*

Kansas: (913)842-3265

Kentucky: (502) 875-4132

Louisiana: (504) 389-3001

Maine: (207) 594-2128

Maryland: (301)268-4393  
*(J. Stewart)*

Massachusetts: (617) 426-8492

Michigan: (313)961-0290  
State coalition resource library:  
(517) 372-4960

Minnesota: (612)646-6177  
*(J. Philo)*

Mississippi: (601) 435-1968

Missouri: (314)634-4161

Montana: (406) 586-3084

Nebraska: (402)476-6256

Nevada: (702) 746-2700  
State hotline: 1-800-992-5757

New Hampshire: (603)224-8893  
State hotline: 1-800-852-3311

New Jersey: (609) 695-1758  
State hotline: 1-800-572-7233

New Mexico: (505) 526-2819

New York: (914)679-5231  
English: 1-800-942-6906  
Spanish: 1-800-942-6908

North Carolina: (704) 786-9317

North Dakota: (701)255-6240  
State hotline: 1-800-472-2911

Ohio: (614)221-1255

Oklahoma: (405)232-7681  
State hotline: 1-800-522-SAFE

Oregon: (503)2394486 (503) 239-4487

Pennsylvania: (717)234-7353

Rhode Island: (401)723-3051

South Carolina: (803) 534-2272

South Dakota: (605) 8864300

Tennessee: (615) 242-8288

Texas: (512) 482-8200

Utah: No state coalition

Vermont: (802)223-1302

Virginia: (804)780-3505

Washington: (206)484-7191  
State hotline: 1-800-562-6025

West Virginia: (304)765-2250

Wisconsin: (608)255-0539

Wyoming: (307) 856-0942

\* These numbers are subject to change. If you cannot reach your state coalition, or your state is not listed, call the National Hotline for assistance.