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# From the editor

## VIOLENCE AND THE HEALTH CARE "FAMILY"

There are several old adages about getting one's own house in order. This notion nags at my consciousness anytime I address the topic of violence in society. Reviewing the articles for this issue of *ANS* was no exception. The articles published here are excellent examples of the fine scholarly work that nurses are doing in relation to family and social violence. But for every issue raised, many of the same questions, problems, or analyses could be translated to the experience of a great number of nurses—in the contexts of both our personal lives and our work experiences. Nurses, and the clients we serve, are analogous in the health care "family" to the women, children, and older people in legitimately prescribed families. Like the women and children in families, nurses can be and often are the victims, perpetrators, or witnesses to social violence that is not unlike the abuse and battering that is an all-too-common reality in families.

My own encounters with nurses discussing issues of violence, both physical and psychological, have convinced me that violence is an issue of mammoth proportions for nurses. However, just as family violence is privatized, violence in the personal and work lives of nurses is silenced and denied. Although I have found many nurses who are eager to finally acknowledge what they have experienced and witnessed, many others are still unable to acknowledge what they know, or they frankly deny the realities of women's lives that make us all vulnerable to the effects of violence. Blaming the victim is still an all-too-common response, usually in the form of "Well, I certainly would not let that happen to me."

Research and theory are needed to effectively address these issues. However, a first step in turning toward true health and ending violence within our own experience is to rec-

ognize what keeps this experience so hidden from view. Once we begin to change these factors, we can examine the realities of our experience and take steps to change that experience. Corea has identified factors that keep information hidden about abuse of women in the male-dominated medical system.<sup>1(pp318-321)</sup>

The factors that can be readily translated to nurses' own experience include the following:

- Women (nurses) are ashamed of what has happened to them so they do not speak out. Women (nurses) often have internalized the notion that whatever has happened to them is their own fault.
- Women (nurses) repress what has happened to them for a long time.
- Women (nurses) are able to recognize that what happened was not their own fault and refuse to repress it, but legal and financial resources with which to fight back are not available.
- Women (nurses) begin to speak out and struggle to make someone believe their experience, but tactics are used to discredit them, usually in the form of defamation of character—insinuating or stating that the woman is hysterical, wanton, or depraved.
- Women (nurses) begin to speak out, but they often receive little support from other women (nurses). Instead, other women tend to respond with "Why didn't you do x, y, or z? I would have." This attitude reinforces the myth that the victim is to blame, and also discredits the woman's experience.
- Nurses (women) experience violence or witness violence but are often afraid to speak out for fear of being ignored, reprimanded, or fired. It is easier to deny what has happened, or to enter into the complicity of discrediting other women or blaming other women for what has happened.

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I urge every nurse who reads this issue to reflect honestly on your own experience and to begin to take action not only to recognize violence and treat it seriously, but also to examine your own response to violence—either that of your own experience or of someone you know.

#### REFERENCE

1. Corea G: *The Hidden Malpractice: How American Medicine Mistreats Women*. Updated edition, New York, Harper Colophon Books, 1985.

—Peggy L. Chinn, PhD, FAAN  
Editor