

ORIGINAL

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ADDRESS

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PRESENTED TO THE CHILD SEXUAL ABUSE TRAINING CONFERENCE

CHICAGO, ILLINOIS

SEPTEMBER 9, 1986

(GREETINGS TO HOSTS, GUESTS, FRIENDS, ETC.)

I'M DELIGHTED TO BE HERE FOR THIS IMPORTANT CONFERENCE AND TRAINING SESSION. IT WAS NOT THAT LONG AGO -- TWO YEARS, MAYBE THREE -- WHEN SOME OF US IN PUBLIC HEALTH HOPED THAT JUST SUCH A TRAINING SESSION AS THIS WOULD BE HELD.

BUT IT WAS THEN JUST A HOPE.

TODAY IT IS A REALITY HERE IN CHICAGO AND -- IN A COUPLE OF MONTHS -- IT WILL ALSO BE A REALITY IN TEXAS AND IN THE PACIFIC NORTHWEST AND ELSEWHERE AROUND THE COUNTRY.

INTERDISCIPLINARY TRAINING SESSIONS LIKE THIS ONE ARE BEING PLANNED AND CARRIED OUT, THANKS TO THE EFFORTS OF MANY DEDICATED PROFESSIONALS, SUCH AS YOUR HOSTS TODAY, DRs. HOWARD LEVY AND JON CONTE.

WHILE THIS MEETING HAS MANY GENERAL ANTECEDENTS, THE SPECIFIC ONE WAS THE "SURGEON GENERAL'S WORKSHOP ON VIOLENCE AND PUBLIC HEALTH," HELD LAST FALL AT LEESBURG, VIRGINIA.

ONE RECOMMENDATION THAT CAME THROUGH LOUD AND CLEAR -- AND OFTEN -- FROM THAT WORKSHOP WAS A PLEA FOR MORE TRAINING OF HEALTH PROFESSIONALS SO THAT THEY MIGHT PROVIDE BETTER SERVICES TO THE VICTIMS OF VIOLENCE AS WELL AS HELP REDUCE THE LEVEL OF INTERPERSONAL AND DOMESTIC VIOLENCE IN OUR SOCIETY.

THE UNHAPPY FACT IS THAT MOST PEOPLE IN MEDICINE AND PUBLIC HEALTH, IN THE COURSE OF THEIR PROFESSIONAL TRAINING, GET LITTLE OR NO EXPOSURE TO THE MEDICAL SIDE OF VIOLENCE AND VICTIMIZATION.

THE SIGNS OF ABUSE ON CHILDREN AND ADULTS ARE USUALLY REVIEWED ALONG WITH ALL THE OTHER INFORMATION ON PHYSICAL TRAUMA. YET THE MARKS OF ABUSE TELL A FAR MORE COMPLEX HEALTH STORY THAN ONE OF SIMPLE ASSAULT, AS YOU WELL KNOW:

THE ABUSED CHILD OR THE BATTERED WIFE IS BEING HURT
PRECISELY BECAUSE HE OR SHE IS A CHILD
AND PRECISELY BECAUSE SHE IS A WIFE.

THE PHYSICAL TRAUMA IS INSEPARABLY LINKED TO THE PSYCHOLOGICAL AND EMOTIONAL TRAUMAS. AND THOSE HEAL MUCH MORE SLOWLY, IF THEY HEAL AT ALL.

THE ABUSER...THE BATTERER...TRIES TO STEAL FROM THE VICTIM WHAT IS THE ESSENCE OF THE VICTIM'S BEING: SOME SMALL REMAINING KERNEL OF HUMANITY...OF HUMAN DIGNITY...AND OF PERSONAL INTEGRITY. THAT'S THE ULTIMATE OBJECT OF THE ABUSER.

CLEARLY OUR TASK IS NOT AN EASY ONE. BUT THE POSSIBILITIES OF SUCCESS ARE MUCH BETTER TODAY THAN THEY EVER WERE, AND I SAY THAT FOR SEVERAL REASONS:

FIRST OF ALL, THE ISSUE OF VIOLENCE NOW HAS OUR ATTENTION, THE ATTENTION OF THE ENTIRE MEDICAL AND PUBLIC HEALTH COMMUNITY. IT IS HAPPENING IN MANY WAYS...ON A PERSONAL BASIS, WHEN PHYSICIANS AND NURSES AND OTHERS MEET IN THE COURSE OF A DAY OR AT A PROFESSIONAL MEETING, BUT IT'S ALSO HAPPENING ON WHAT YOU MIGHT CALL AN INSTITUTIONAL BASIS TOO.

FOR EXAMPLE, AT THE END OF THIS MONTH, AT THE ANNUAL MEETING OF THE AMERICAN PUBLIC HEALTH ASSOCIATION, THE MEMBERSHIP WILL BE REVIEWING A POSITION PAPER "DESIGNED TO BUILD SUPPORT...FOR THE RECOMMENDATIONS OF THE SURGEON GENERAL'S WORKSHOP ON VIOLENCE AND PUBLIC HEALTH." THE PAPER, BY THE WAY, WAS WRITTEN BY AN ALUMNA OF THE LEESBURG WORKSHOP, DR. ROSEMARY BARBER-MADDEN OF COLUMBIA UNIVERSITY.

SO, YES, THE ISSUE HAS DEFINITELY CAUGHT OUR ATTENTION.

SECOND, AN INCREASING NUMBER OF HEALTH PROFESSIONALS ARE RESPONDING WITH HEIGHTENED INTEREST IN THIS ISSUE. THEY WANT TO KNOW MORE ABOUT IT AND ABOUT THEIR ROLE IN MEETING THE CHALLENGE OF VIOLENCE. AND CERTAINLY THE ATTENDANCE AT THIS CHICAGO MEETING IS AN EXCELLENT ILLUSTRATION OF THAT.

IN MARCH OF '87 THERE WILL BE A "SECOND NATIONAL NURSING CONFERENCE ON VIOLENCE AGAINST WOMEN," AND WE HOPE TO BE PARTICIPATING IN ADDITIONAL TRAINING AND EDUCATION SESSIONS FOR PHYSICIANS AND ALLIED HEALTH PROFESSIONALS.

AND THIRD, WE'RE NOT ALONE IN THIS. WE HAVE NEW AND STRONG ALLIES AMONG THE JUSTICE COMMUNITY AND AMONG THE SOCIAL WORK PROFESSION.

IN FACT, PEOPLE FROM MY STAFF AND OTHERS FROM THE STAFF OF ASSISTANT ATTORNEY GENERAL LOIS HERRINGTON ARE EVEN NOW IN THE PROCESS OF PUTTING TOGETHER A NATIONAL "LAW/HEALTH INITIATIVE ON DOMESTIC VIOLENCE." THE PURPOSE OF THIS INITIATIVE IS TO COMBINE THE EFFORTS AND FUNDING OF SOME OF THE VIOLENCE-RELATED PROGRAMS OF THE JUSTICE DEPARTMENT AND OF THE PUBLIC HEALTH SERVICE.

AS YOU KNOW, IT'S ALWAYS BETTER TO PREACH BY EXAMPLE, AND THIS INITIATIVE IS AN EXAMPLE OF OUR PREACHMENT FOR MORE COLLABORATION AND COOPERATION BETWEEN HEALTH AND JUSTICE PROFESSIONALS DEALING WITH DOMSTIC VIOLENCE AT THE LOCAL LEVEL.

ONE OF THE FIRST PROJECTS UNDER THIS INITIATIVE, BY THE WAY, WILL FOCUS ON CHILD SEXUAL ABUSE AND WILL INVOLVE PEDIATRICIANS, SOCIAL SERVICES PERSONNEL, AND A NUMBER OF LOCAL AND STATE DISTRICT ATTORNEYS. BUT EVEN BEFORE WE REALLY GET UNDERWAY ON THIS INITIATIVE, MRS. HERRINGTON AND I ARE WORKING TOGETHER AND "SHOWING OUR FLAGS," SO TO SPEAK, AT EVENTS SUCH AS THIS TRAINING SESSION, WHICH IS A GOOD EXAMPLE OF WHAT OUGHT TO BE OCCURRING RATHER ROUTINELY, ONCE THE IDEA BEHIND THE INITIATIVE IS WELL AND WIDELY UNDERSTOOD.

I HOPE YOU CAN TELL THAT I'M VERY EXCITED ABOUT THE LONG-TERM POTENTIAL OF THIS "LAW/HEALTH INITIATIVE." WE'LL BE SAYING MORE ABOUT IT LATER THIS FALL.

THINGS ARE STARTING TO HAPPEN. BUT BEFORE WE GET CARRIED AWAY, LET'S REMEMBER THAT THE KEY WORD IN THAT OBSERVATION IS THE WORD "START."

ALL THE ACTIVITIES I'VE MENTIONED -- AND THEY ARE ONLY A FRACTION OF WHAT IS GOING ON -- REALLY REPRESENT JUST THE BEGINNING OF OUR NATIONAL EFFORT TO DEAL WITH VIOLENCE -- ESPECIALLY DOMESTIC VIOLENCE -- AS A PUBLIC HEALTH ISSUE. IT'S A START.

BUT I WOULD URGE YOU NOT TO FOCUS SO COMPLETELY ON THE PROBLEM OF CHILD ABUSE AND CHILD SEXUAL ABUSE THAT YOU MISS THE REST OF THE CONSTELLATION OF PAIN AND BRUTALITY THAT IS FAMILY VIOLENCE. THESE TERRIBLE EVENTS TEND NOT TO OCCUR IN ISOLATION. FOR EXAMPLE...

IN A HOME WHERE A CHILD IS BEATEN, THE MOTHER MAY BE ASSAULTED.

WHERE AN INFANT IS BEING ABUSED, SOMEONE MAY ALSO BE TERRORIZING ITS GRANDPARENT.

AND WHERE A DAUGHTER IS SEXUALLY ABUSED, HER MOTHER MAY BE RAPED.

WE DON'T LIKE TO THINK ABOUT THESE THINGS, YET THEY ARE PART OF THE DARK AND BRUTAL WORLD OF FAMILY VIOLENCE...A WORLD WE NOW KNOW WE MUST ENTER IN ORDER TO EFFECTIVELY TREAT ITS VICTIMS AND SAVE THEIR LIVES.

A PEDIATRICIAN TAKING CARE OF A SEXUALLY ABUSED CHILD HAS ENOUGH TO DO WITHOUT TAKING ON THE REST OF THE FAMILY, TOO. THAT STATEMENT CERTAINLY HAS THE RING OF TRUTH TO IT.

BUT NOT QUITE THE WHOLE TRUTH. THE CHANCES ARE PRETTY GOOD THAT SOMEONE...SOMEWHERE ELSE IN MEDICINE OR PUBLIC HEALTH...IS GOING TO BE CONFRONTED BY THE ADULTS OF THAT FAMILY, ALSO..AND WILL SOMEHOW HAVE TO TREAT THE PHYSICAL TRAUMA AND MENTAL DISORDER THAT MARK THE LIFE OF SUCH A FAMILY.

IN OTHER WORDS, THE QUESTION SEEMS TO BE THIS: HOW CAN YOU DO YOUR JOB FOR YOUR PARTICULAR PATIENTS -- CHILDREN IN DIRE NEED OF YOUR SERVICES -- WITHOUT COMPARTMENTALIZING THE PROBLEM ANY FURTHER?

I DON'T KNOW THE ANSWER TO THAT ONE. I WISH I DID, BUT I DON'T.

BUT WHAT I DO KNOW IS THAT IT'S A QUESTION THAT IS BECOMING MORE PROMINENT AS MEDICAL AND PUBLIC HEALTH PEOPLE GET MORE INVOLVED IN TREATING VICTIMS AND IN HELPING REDUCE THE LEVEL OF VIOLENCE GENERALLY.

NOW, LET ME CLOSE WITH A FINAL WORD OF THANKS TO THE SPONSORS AND ORGANIZERS OF THIS MEETING. AND A SPECIAL WORD OF THANKS TO THOSE WHO TOOK THE TIME OUT OF THEIR SCHEDULES AND AWAY FROM THEIR PROFESSIONAL PRACTICES TO COME HERE TODAY.

I BELIEVE IN THE MONTHS AHEAD YOU WILL RECALL THIS AS HAVING BEEN AN IMPORTANT DAY FOR YOU AND CERTAINLY FOR THE CHILDREN OF THIS AREA.

THANK YOU.

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