

Texas Preventable DiseaseVol. 47, No. 21
May 30, 1987**NEWS**Frank Bryant, Jr. MD, FAAFP
Chairman
Texas Board of HealthRobert Bernstein, MD, FACP
Commissioner**contents:**Battering of Women: An Assessment and
Prevention Program
Notice to Readers
Monthly Statistical SummaryTEXAS STATE DOCUMENTS
COLLECTION**Bureau of Epidemiology, 1100 West 49th Street, Austin, Texas 78756-3180 (512-458-7207)****BATTERING OF WOMEN:
AN ASSESSMENT AND PREVENTION PROGRAM**

The problem of battering of women, especially pregnant women, is well documented in the literature.¹⁻⁵ Health providers are only beginning to understand the consequences of ignoring violence for some three to four million American women a year. These consequences, which include physical, emotional, mental, spiritual, and economic hardships, ultimately affect not only women and children, but also men and society in general.

Just as health providers have increasingly focused on health promotion and prevention of disease, issues of safety for women have moved to include the issue of battering. In a recent study in Texas, which included patients from public and private clinics, Helton indicated that as many as 27% of 290 randomly chosen black, white, and Hispanic pregnant women had been battered or threatened with battering.^{3,4} Of the battered women, 35% were physically battered during their pregnancies.^{3,4} In a 1987 Texas study designed to document the effects of battering on pregnancy outcome, battered women were found to be four times more likely to have low birth weight infants than non-battered women.⁶ In another study of 108 homeless women, 75% had a history of being battered, and 17% were homeless as a direct result of battering.⁷

As a result of the Helton study, inservice education programs, using the March of Dimes "Prevention of Battering" slide-tape production,^{3,4} were instituted in January of 1986 for 210 employees of the Harris County Hospital District (HCHD) Community Health Program. The overwhelming response of the staff to the inservice programs indicated that this program was timely, relevant, and essential to the health issues of their patients.

Follow-up evaluations within the nursing service of the ten HCHD community health centers indicated the need for additional training in interviewing and counseling skills to be used in conducting abuse assessments of battered, or potentially battered, women. Thus, intensive training in communicating with battered women was conducted for 31 of the nurses. General inservices also were conducted for the consumer health advisory councils, the education department, and the staffs of the two major hospitals in the HCHD.

September 1, 1986, the HCHD Community Health Program began conducting safety assessments for new and current female patients who report battering or demonstrate at-risk behaviors including: crying; hesitating; standing to leave the interview prematurely; and vacillating between engaging, searching eye contact and decreased eye contact. The assessments include use of the Helton safety assessment and body map and the provision of information and referral resources for battered women.

A committee has been formed with the Houston Area Women's Center to establish follow-up services for identified battered women. The Women's Center will provide counselors to assist the nursing staff in giving support, counseling, and referral information to battered women. Similar agreements have also been arranged between the Baytown Women's Shelter and the HCHD Baytown Health Center and the Bridge Shelter of Pasadena and the HCHD Strawberry Health Center. Preliminary results of the safety assessments conducted by HCHD nurses support Helton's study (ie, that as many as one out of three women may be battered or be at risk for battering).

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The Community Health Program of the Harris County Hospital District is committed to the health and safety of all women. Early assessment, identification, and follow-up care of battered women is essential if the health status of all women and children is to improve. Community awareness and a commitment to address this societal problem is crucial to the resolution of violence in this nation. A commitment must be made, not only to the present health and safety of women, but also to the health and safety of the children who are trapped in the cycle of violence that permeates many families in our society.

For more information on the Prevention of Battering During Pregnancy Program, which includes a 23-minute film, "Crime Against the Future," and a protocol of care for the battered woman, contact the March of Dimes Birth Defects Foundation, Professional Education Division, 1275 Mamaroneck Ave., White Plains, NY 10605.

This report was prepared by Brenda Robertson, MS, RNC, District Education Instructor for the HCHD Community Health Program, with contributions from Alicia Reyes, RN, Administrator, and Regina McCray, RN, Nursing Coordinator, Community Health Program, Harris County Hospital District.

REFERENCES:

1. Campbell J, Humphreys J. Nursing care of victims of family violence. Virginia: Reston Publishing Co., 1984.
2. Gelles R. Violence and pregnancy: a note on the extent of the problem and needed services. *The Family Coordinator* 1975; 24(1):81-6.
3. Helton A. The pregnant battered woman. *Response* 1985; 9(1):22-4.
4. Helton A. Protocol of care for the battered woman. *Prevention of Battering During Pregnancy Program*, Metropolitan Houston Chapter of the March of Dimes Birth Defects Foundation, June 1986.
5. Richwald G. Family violence during pregnancy. In: Jelliffe DB, Jelliffe EFT, eds. *Advances in international maternal child health*, (Vol 5). Oxford:Oxford University Press (in press) 1985.
6. Bullock L. Battering in pregnancy: effect on infant birthweight. Unpublished thesis, Texas Women's University, Graduate School of Nursing, May 1987, Denton, Texas.
7. Novak M. A description of the perceived health needs of homeless women. Unpublished thesis, Texas Women's University, Graduate School of Nursing, May 1987, Denton, Texas.

NOTICE TO READERS

The editor of Texas Preventable Disease News (PDN) welcomes written accounts of communicable disease and other public health problems encountered and investigated by local health professionals throughout the state. During 1986, numerous articles published in PDN were contributed by individual health care workers in Texas. The Bureau of Epidemiology encourages public health workers to share their experiences and information relating to matters of professional public health interest or concern. Previously published accounts of this nature have been favorably received by the readership. Interested authors are requested to contact the editor of PDN for additional information pertaining to general guidelines for publication at (512) 458-7207 or STS 824-9207.

MONTHLY SUMMARY OF REPORTABLE DISEASES IN TEXAS
 Dates of Onset: April 5 to May 2, 1987

REPORTABLE DISEASE	PHR 1	PHR 2	PHR 3/12	PHR 4	PHR 5	PHR 6	PHR 7/10	PHR 8	PHR 9	PHR 11	WEEKS 14 - 17, 1986	WEEKS 14 - 17, 1987	CUMULATIVE 1986	CUMULATIVE 1987
AIDS											0	0	0	0
Amebiasis			3		10	4		4	3	2	37	26	122	81
Botulism											0	0	0	4
Brucellosis								2			4	2	8	10
Campylobacteriosis	1	2	4		9	6	5	1	1	10	46	39	135	182
Coccidioidomycosis											7	0	20	3
Dengue											0	0	0	0
Encephalitis		1			1				1	1	15	4	42	18
Hansen's Disease					2			4			5	6	16	14
H. influenzae infections	1	3	4		12	9	1	3		15	0	48	0	254
Hepatitis A	8	5	25	11	48	7	2	8	7	7	156	128	763	606
Hepatitis B			11	2	40	6	2	10	9	6	129	86	511	411
Hepatitis D											0	0	0	1
Hepatitis, NA-NB	1	1		1	4	1				2	16	10	59	62
Hepatitis, U		2	2		11	3	2	3	2	5	77	30	324	173
Histoplasmosis					2						10	2	30	15
Legionellosis	1										1	1	14	8
Leptospirosis											0	0	1	0
Listeria					2			1			2	3	2	8
Lyme Disease											1	0	1	1
Malaria					2					1	6	3	20	13
Measles					1						94	1	156	138
Meningococcal Infections			1		3	1				2	15	7	59	59
Meningitis, Aseptic		1			7	5	1	2	2	5	59	23	155	119
Mumps	1	4	3	1	7	2	2	3		11	18	34	96	149
Pertussis											11	0	32	0
Psittacosis											0	0	2	0
Relapsing Fever											1	0	1	0
Reye Syndrome								1			0	1	5	5
RMSF											3	0	5	0
Rubella											16	0	57	1
Salmonellosis	2	3	4	3	17	12	7	6	4	14	112	72	416	428
Shigellosis	5	1	1	2	12	3		4	12	13	78	53	334	289
Tetanus											0	0	0	1
Toxic Shock Syndrome						1					1	1	7	4
Trichinosis											0	0	1	0
Tularemia											1	0	2	0
Typhoid											4	0	12	3
Typhus, Endemic											3	0	10	2
Vibrio infections										1	0	1	0	2
Chickenpox	56	16	449	18	381	339	563	591	317	1,972	3,347	4,702	12,440	13,179
Influenza	301	92	133	415	271	240	138	837	77	734	7,074	3,238	50,151	37,809

NOTE: There have been no reported cases of: Anthrax, Cholera, Diphtheria, Plague, Polio, Q Fever, Rabies, or Yellow Fever in 1986.

MONTHLY SUMMARY OF REPORTABLE OCCUPATIONAL DISEASES IN TEXAS
 APRIL 5 THROUGH MAY 2, 1987

REGION	1	2	3/12	4	5	6	7/10	8	9	11	WEEKS 14-17, 1986	WEEKS 14-17, 1987	CUMULATIVE 1986	CUMULATIVE 1987
ELEVATED BLOOD LEAD LEVELS †	2				54				2	6	30	64	222	282
ACUTE OCCUPATIONAL PESTICIDE POISONING					1								1	1
SILICOSIS §														
ASBESTOSIS §														

† Blood lead level ≥ 40 ug/dl in persons 15 years of age or older; summarized by date of blood lead test.

§ Regular summaries of these reportable occupational diseases will be included as reporting procedures become better established.

CUMULATIVE TOTAL FOR DISEASES REPORTED TO THE BUREAU OF
 COMMUNICABLE DISEASE SERVICES

REGION	1	2	3/12	4	5	6	7/10	8	9	11	STATEWIDE 1986	STATEWIDE 1985
TUBERCULOSIS	5	7	26	4	92	30	39	53	45	160	485	461
P&S SYPHILIS	3	3	13	1	92	24	25	15	15	69	260	1986
GONORRHEA	65	42	276	16	1901	409	396	119	303	2714	6282	17590

CUMULATIVE TEXAS AIDS CASES BY DATE OF DIAGNOSIS
THROUGH MAY 22, 1987

COUNTY *	1980-1982		1983		1984		1985		1986		1987		CUMULATIVE		
	CASES	DEATHS	CASES	DEATHS	CASES	DEATHS	CASES	DEATHS	CASES	DEATHS	CASES	DEATHS	CASES	DEATHS	(CFR%)
BEXAR	4	3	13	12	9	7	27	20	34	18	6	1	93	61	66
BRAZORIA	0	0	0	0	1	1	7	6	9	3	1	1	18	11	61
BRAZOS	0	0	1	1	5	5	3	3	4	0	0	0	13	9	69
DALLAS	7	7	25	20	73	71	134	112	245	119	86	16	570	345	61
EL PASO	0	0	2	2	1	1	1	0	7	2	5	1	16	6	38
FORT BEND	0	0	0	0	1	1	9	9	6	2	4	0	20	12	60
GALVESTON	0	0	1	1	4	3	5	4	12	5	4	1	26	14	54
HARRIS	26	24	73	69	172	149	302	234	454	228	96	11	1123	715	64
JEFFERSON	1	1	0	0	2	1	4	4	8	1	5	2	20	9	45
NUECES	0	0	0	0	4	3	2	1	10	4	4	1	20	9	45
TARRANT	1	1	1	1	8	7	28	22	37	12	21	5	96	48	50
TRAVIS	0	0	3	3	19	16	36	29	42	13	20	4	120	65	54
** WALKER	0	0	1	1	4	4	4	4	14	6	3	0	26	15	58
ALL OTHERS	0	0	8	8	19	18	49	39	89	43	24	7	189	115	61
STATEWIDE	39	36	128	118	322	287	611	487	971	456	279	50	2350	1434	
	CFR%	92	CFR%	92	CFR%	89	CFR%	80	CFR%	47	CFR%	18		CFR%	61

* COUNTIES LISTED INDIVIDUALLY ARE THOSE WITH A CUMULATIVE TOTAL OF 10+ CASES.

** 20 CASES ARE TEXAS DEPARTMENT OF CORRECTIONS INMATES

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