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## *NJHA Collaboration Raises Curtain on Domestic Violence*

BY SHARI MYCEK

New Jersey residents are often hospitalized for conditions that should be manageable on an outpatient basis. The problem is worst in poor communities.

**I**t won't do any good, you know...coming back. What's done is done. Let it rest." The sinister, dark-haired man stares at the woman dressed in a long coat and sunglasses.

"I have to be here," the woman replies. "You don't. Things need to be different — not like it was with me."

As the lights fade on the couple, an adolescent boy and girl are seen in the corner of the stage. The boy places a knife in the girl's open palm, and as she holds the knife to her arm, a gasp is heard from the audience of high school juniors and seniors. For the next hour, the professional actors, dramatic black-and-blue set, percussive music and somber lighting spirals students further into the dark — but all too common — world of domestic and dating violence.

In New Jersey, a woman is beaten every six minutes, accounting for more than 85,000 assaults per year, according to the state's Uniform Crime Report. More often than not, victims end up in hospital emergency rooms with dislocated shoulders, black eyes, broken ribs.

In a preventive attempt to stop abuse, the New Jersey Hospital Association teamed with the Tony Award-winning McCarter Theatre Center to bring a theatrical production on the subject to

New Jersey high schools. After years in the making, *Cheap Sunglasses* made its world premiere in 16 New Jersey high schools this month as part of National Domestic Violence month.

"Because many abused individuals grow to become abusers themselves, it is critical to reach young people while they can still be taught that the cycle is wrong and not normal," says NJHA President and CEO Gary Carter. "Some young people never really understand that the domestic or dating violence they see is not acceptable."

While at first glance the connection may not be obvious, Carter says this dramatic attack on a societal problem is a logical fit for NJHA. Many domestic violence victims enter the healthcare system through hospital emergency rooms, Carter notes. And treating those victims

accounts for millions in healthcare costs nationwide each year.

A number of hospital sponsors joined NJHA in bringing the play to reality including Capital Health System; Hunterdon Healthcare System; Meridian Health System; Saint Barnabas Health Care System; St. Mary's Hospital, Passaic; Saint Peter's University Hospital; Solaris Health System; Somerset Medical Center; The Valley Health System and the West Jersey Health and Hospital



Actors Al Espinosa and Andrea Maulella in a scene from "Cheap Sunglasses."

## Domestic Violence... continued from page 1

Foundation and Memorial Hospital Foundation of Virtua Health.

Corporate and philanthropic benefactors include the Fannie E. Rippel Foundation, Akzo Nobel Pharmaceuticals, New Jersey State Bar Foundation, Target Stores, Jersey Battered Women's Services, George A. Ohl Jr. Trust and Ms. Frances Zeitler.

### *In New Jersey, a woman is beaten every six minutes.*

*Cheap Sunglasses* follows the lives of seven characters: Angie and her abusive husband Al (who return as "ghosts" in the play); Angie's brother Pat, a retired policeman, and his wife, Fran; their daughter, Providence, a recent law-school graduate; and their youngest daughter, Cassie, a high schooler who is involved in an abusive relationship with her controlling boyfriend, Tyler. The tale begins when Providence returns home from law school and finds her Aunt Angie's diary in the attic, detailing an abusive relationship that occurred years before. As Providence struggles to make sense of the diary — and of her parents' shocking silence of the abuse taking place — she unfolds another family secret: Her younger sister is living a very similar horror.

"This collaboration is a first for McCarter," says Emily Mann, artistic director of the theater. "It's a wonderful opportunity to stretch our artistic muscles in a new direction — to reach out to New Jersey's youth in a fresh and exciting way and at the same time demonstrate our continuing commitment to theater as a forum for ideas and social awareness."

"I liked the play," says one student, a senior at Middlesex High School. "I'm sure there are students in our school who are afraid to say anything because of what people may think. Abuse doesn't discriminate. It spans all races."

Although the play is not autobiographical, New York City playwright Jim Mirrione, founder of the Creative Arts

Team at New York University and a writer for Broadway and Off-Broadway shows, did draw upon personal observation in his narrative, particularly the way some victims tried to hide their bruises.

"When I was growing up in Brooklyn, I used to notice women coming into the house wearing sunglasses. As a boy, I thought this was just something adults did. It wasn't until later, when domestic violence began to be discussed more openly as a societal problem, that I made the connection," says Mirrione.

In writing *Cheap Sunglasses*, he says he hoped to dispel some of the assumptions people make about both the victims and perpetrators of domestic violence.

"Too often, the impression is that the perpetrators have some private reason for (abuse), or else the victim deserved it. This is especially prevalent within the high school culture where young women are often the subject of physical, emo-

tional or sexual exploitation. If the play does its job, then perhaps someone in the audience will embrace the fear of recognition and try to change their behavior."

But there is no leaving that just to chance.

NJHA and McCarter have provided teachers with in-depth study guides on domestic violence outlining both pre- and post-play activities and equipping students with appropriate domestic violence resources, as well as "dos and don'ts of dating." But the linchpins of this lesson are the interactive, educational exchanges that follow each performance. At least one domestic violence expert is on hand to field questions, but for the most part actors (trained by Courtney Esposito, coordinator of Mercer County's WomanSpace) remain in character as students ask them specific questions about their behavior.

"Why didn't you help? Angie was your

## Perspective

GARY S. CARTER, FACHE – President



In the last several years, healthcare futurists have told us to "think outside the box." Forget the notion that hospitals are about treating illness, they said, and instead emphasize wellness and prevention. The gurus also urged hospitals to accept a greater responsibility to their communities, recognizing that many of society's ills become great burdens on our emergency rooms and other healthcare services.

This month, as NJHA marks the premiere of a groundbreaking collaboration with the McCarter Theatre Center, I've got to tell you that the view outside the box is pretty satisfying. This play, *Cheap Sunglasses*, at first blush has little to do with healthcare. But watch the production unfold and, more importantly, listen to the questions and comments it provokes in students. We're reaching them. And we're prompting the kinds of questions that

could break the cycle of violence that sends thousands, probably millions, of people to the emergency room each year.

We've enjoyed similar success — and satisfaction — with our trigger lock giveaways. They're another example of addressing the healthcare system's challenges by attacking the very root of the problem.

Hospitals across the state have joined in this "outside the box" thinking. They demonstrate it every day through innovative social programs that teach adults to read or help senior citizens secure their homes.

That's something we can all be proud of. As we wind up our stage tour of high schools across the state, I invite all of you to take a bow. Bravo to your commitment to creative thinking in healthcare.

sister," one student pressed Pat following a recent performance.

Pat peers over his glasses, perplexed. "But I did help Angie. I gave her my house key, my car keys."

"But if you couldn't do more, why didn't you tell her to call someone who could?"

*"If students challenge the violence, then we've accomplished what we set out to do."*

— Gary Carter

At this point, Esposito jumps in to tell students that at the time of Angie's abuse in the late 60s, there were few resources available to victims of domestic violence. But that isn't the case now, and she reiterated what students could do, whom they could call.

Still, the questions keep coming. To Cassie: "Why did you let him hit you?"

"I didn't let him. What he did to me was not OK."

"Did you ever think about standing up for yourself?"

"You mean physically? No, I was trapped."

"Why did you stay with him? Why didn't you...How come you don't...I wouldn't...I couldn't...I don't..."

At this, Cassie crosses her arms in defiance and stares ahead stone-faced. There is complete silence in the auditorium. Angie lays a gentle hand on Cassie's arm, then rises to face the audience.

"Cassie doesn't want to talk anymore," says Angie. "And why should she? You're all jumping on her, judging her, blaming her. Why are you attacking her?"

If the flurry of questions is any indication, the drama is reaching its target, says NJHA's Carter.

"In the end, if we leave students challenging the violence, then we've accomplished what we set out to do," he says.

# County Profiles Zero In On Abuse, Other Concerns

BY KERRY MCKEAN KELLY

**I**s domestic violence a significant problem in *your* community? Hospitals across the state will be better prepared to address that question — plus a whole host of other health and social concerns — thanks to updated county health profiles due for distribution by NJHA in December.

Developed by NJHA's nonprofit research affiliate, the Health Research and Educational Trust of New Jersey, the reports compile a variety of county and state data to paint a picture of each county's demographic characteristics and overall health status. Data on an array of indicators compares each county's performance against a statewide benchmark, offering health planners valuable insight into potential trouble spots. Equipped with such information, they can target energy and resources into areas with the greatest need.

"This is a planning tool that allows the hospitals and community-based organizations to identify the areas in their community that can be red-flagged and that need new programs or some kind of intervention," said Dr. Firoozeh Vali, HRET's director of research.

The reports include information such as general demographics (including population composition, income, employment and insurance status); health status indicators such as morbidity and mortality rates for infectious and chronic diseases, HIV infection, heart disease and tuberculosis; and crime stats including child abuse and substance abuse.

Data within the profiles is presented visually in tables and charts for easy reference. Fishbone diagrams, similar to those commonly used in quality improvement programs, present the information in a single diagram that magnifies areas where significant variations exist between each county's major categories and corresponding statewide rates.

Separate reports will be developed for each of New Jersey's 21 counties.

The 2001 edition will be the third version of the county health profiles developed by NJHA; earlier editions of the reports were published in 1995 and 1997. The new updates, which include data as recent as 2001 in some instances, offer some expanded features, says Vali. Education information has been added, including high school dropout rates in each county, and the sections on employment and insurance coverage have been expanded. Maternal and child health indicators have also been enhanced with expanded data on low birth weight babies, birth defects and infant mortality rates broken down by race.

*The county profiles are a key part of hospitals' strategy for building healthier communities.*

— Valerie Sellers

Valerie Sellers, NJHA's senior vice president of health planning and research, says the county profiles are a key part of hospitals' strategy for building healthier communities.

"The background work to gather this data from various sources, then compile it and analyze it, is very labor intensive," says Sellers. "Now that we've established an effective model to develop these reports, NJHA can continue to provide members with updated information on a recurring basis. It's a solid, factual basis to assess community health status, and our member have used it in a number of innovative ways to improve the overall health of their communities."

ADDRESS CORRECTION REQUESTED

## Interview

# Interview: Courtney Esposito

BY SHARI MYCEK

**C**ourtney Esposito, DVS, LSW, director of education and training at Womanspace Inc. in Mercer County, played an integral role in the Cheap Sunglasses project.

### Q Is domestic violence a healthcare issue?

Yes, and it's inspiring to see the healthcare community beginning to openly and actively address and prevent domestic violence. Often, people believe that domestic violence intervention takes place only in the emergency departments — suturing lacerations, setting broken bones. In truth, domestic violence is about power and coercive control; it's about deprivation of basic human rights and one person feeling the right to break another's spirit. The direct cost of providing medical care to victims of domestic violence is in the range of \$1.8 billion.

### Q Why is it so key to educate youth?

Children learn what they live. The violence we see in the streets and in the schools and everywhere else is not unrelated to children witnessing their parents being harmed or threatened or controlled.

It is not unrelated to them witnessing really poor and abusive communication; to being threatened, denigrated, manipulated and being treated like objects. If you grow up seeing human beings treated like "things," then you may end up believing that's OK. Abuse is a learned behavior and we must take care not to teach our children that if someone does something they don't like, it is OK to hit or harm another.

### Q What message should teens walk away with?

That abuse is not the victim's fault. It is the responsibility of the perpetrator. And help is available for victims and perpetrators. Over and over again, victims hear that somehow they're responsible — if they would change their behavior, stop doing certain things or start doing some other things, the abuser would not have to harm or abuse them. Abusers who've gone into recovery will actually tell you: "It was always her, never me. It was her fault, her problem, she was responsible." And they truly believe that they were forced to be abusive, pushed to this behavior because of something another person did to them. Teens need to understand that violent or



COURTNEY ESPOSITO

abusive behavior is not acceptable and won't be tolerated.

### Q How can a friend help a teen caught up in an abusive relationship?

The victim's feeling of isolation must be decreased; safety increased. The best way to do that is by referring the abused person to a domestic violence program. And by listening, not being judgmental. Pronouncements like, "Oh, he won't bother you. He's not going to do that. Don't be afraid" could actually cause great harm. Unless you've been afraid of being harmed or losing your life at the hands of another person, you can't really understand.

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