
one who relies on traditional referent points of scientific progress. One must be careful to take into account the distinctiveness of the nursing perspective and the unique approach nursing may use to articulate its place among the disciplines.

REFERENCES

1. Abdellah FG: The nature of nursing science. *Nurs Res* 1969; 18:390-393.
2. Johnson DE: A philosophy of nursing. *Nurs Outlook* 1959; 7:198-200.
3. Benner P: *From Novice to Expert: Excellence and Power in Clinical Nursing*. Reading, Mass, Addison-Wesley, 1984.
4. Meleis A: *Theoretical Nursing: Development and Progress*. Philadelphia, Lippincott, 1985.

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ADDRESSING THE ISSUE OF VIOLENCE

To the editor:

On Christmas Day of 1984, a nursing student named Charlotte was shot to death in front of her children by her husband, a Chicago policeman. She was due to graduate that June. I received the news when I arrived to do house supervision that morning. "You might get some media calls this shift. One of our nursing students was shot by her husband this morning," the night supervisor said. The news was very difficult for me to cope with that Christmas morning. I had known Charlotte personally because just before holiday break she had rotated through the unit where I was Nurse Manager.

The night supervisor began to tell me the details she and others had known about the violence in Charlotte's life. I had recently had a long discussion with Charlotte about the staff's complaints regarding her apathy. She

said that it was probably due to a bladder infection and the high fever she had had for a few days. She said that she had to come in, even though she did not feel well, because of the rules about missing clinical. When I spoke with Charlotte that day, I was playing my nurse manager role, a role that often conflicted with my radical feminist belief system. Charlotte never shared with me the things that others knew about.

Charlotte left her husband shortly before the holidays and was living in the dormitory. Every night her husband would pull up outside the hospital in his squad car and scream to her until other police came and convinced him to leave. Charlotte never knew when he would show up at the hospital to harass her. Because he was a policeman, she had even less of a chance than other battered women do of ending the violence in her life.

Charlotte went home for the holidays, probably because she had been led to feel guilty by her family and significant others, who perceived that she had abandoned her children. The divorce papers had been served a few days before Christmas. Charlotte's husband's solution was to murder her and then to shoot himself.

Charlotte's death was particularly difficult for me because I was on the board of directors of a feminist-run battered women's shelter. Both I and my roommate, who was a nursing student at the same school as Charlotte, took turns answering calls for a women's crisis line. All of this knowledge I had was useless, for when Charlotte sized me up she decided that I would not care about her personal problems any more than anyone else did. Perhaps it was then that I came to realize how much my managerial role in nursing was in conflict with the person that I am or want to be. I quit six months later.

I believe that we need to treat violence seriously. I still cannot understand why so many people knew of the violence that Charlotte was living through and stood by silently. I can

understand better only when I look back on my own tendency to shrug off the violence in women's lives through victim blaming—until it was my own sister banging on my door at 2:00 in the morning. Later I discovered that another sister had silently endured a battering relationship that she had spoken of to no one. Still later, I barely escaped a primarily psychological battering relationship by finally becoming angry enough to resist the urge to escape through suicide.

Thank you for the issue on violence in the family. Although I do not agree completely with all the authors, I am happy to see that

nursing research on violence in the family was addressed in an entire *ANS* issue. I agree with the editorial, and I too urge every nurse to begin taking violence more seriously. I urge every nurse to realize that by our silence and our tendency to blame the victim we condone the behavior of the batterer. The very fact that the *ANS* issue, "Violence, the Family, and Society," exists is a statement that nurses refuse to accept violence in the family as normal and acceptable.

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CORRECTIONS

In the article, "Father-Daughter Incest: Immediate and Long-term Effects of Sexual Abuse" (*ANS* 8:4, July 1986), two errors were made in citing sources. On page 18, paragraph 3, the Weinberg reference, number 6, was omitted. On page 20, in the list, reference number 17 should be number 21.

Also note the following corrections to the article, "Research Testing Nursing Theory: State of the Art" (*ANS* 9:1, October 1986):

1. Page 3, column 2—The first sentence should read: For example, the modes of Roy's Adaptation Model or the self-care requisites of Orem's model are used as frameworks for study instruments.
2. Page 4, column 2—The third sentence should read: Other evaluation criteria, in addition to those related to theory testing, are important in assessing the overall quality of a study.
3. Page 6, column 2—The second sentence should be deleted.

We regret any inconvenience these errors may have caused.