DOMESTIC VIOLENCE: A NURSING CONCERN

COURSE OBJECTIVES

After the completion of this module, the learner will be able to:

1. Discuss the magnitude of the problem of domestic violence in the US today.
2. Share statistics on the prevalence and impact of abuse.
3. List clinical manifestations of domestic violence in the following categories:
   - Acute injury
   - Chronic illness
   - Behavior
4. Articulate appropriate strategies for the nurse to utilize when intervening with victims of domestic violence.
5. Execute a danger assessment.
6. Refer to domestic violence victims to appropriate resources.
7. Identify likely victims of domestic violence.
8. Identify likely perpetrators of domestic violence.

If you have been on this planet, you know about domestic violence and many of its dynamics thanks to the televised Simpson case. The most famous case in history has, as a backdrop, domestic violence. It's a classic example of a tangled web woven of fear, power, control, and physical and emotional abuse. It occurs among all sectors of society and crosses all socio-economic boundaries, religious beliefs, educational levels and ethnic backgrounds. It affects our homes, our communities and our lives.

Domestic violence is the leading cause of injury to women between the ages of 15 to 45. It is more common than automobile accidents, muggings and rapes combined. Every year domestic violence results in more than 100,000 days of hospitalizations, more than 30,000 emergency room visits, and almost 40,000 visits to a physician.

Numbers such as these have placed domestic violence on the radar screen of the country's public health agenda and establishes it as an important public health problem that is reaching epidemic proportions.

Both the Center for Disease Control and the Joint Commission for the Accreditation of Health Care Organizations (JCAHO) have focused attention on the need for programs on preventions, identification, and education for providers of care. Since January 1992, JCAHO has required that all accredited hospitals implement policies and procedures in their emergency department and ambulatory care facilities for identifying, treating and referring victims of abuse. The standards also require staff education on domestic violence, elder abuse, child abuse and sexual assault.

Domestic violence is a form of family violence

even though it is interchangeably referred to as spouse abuse, partner abuse, wife abuse or wife battering. Family violence is a broader context and a much more comprehensive description of who the violent acts are perpetrated against. Family violence includes violent acts against spouses, family members (such as children, parents or siblings) or other intimate relationships. It is characterized by an unhealthy pattern of coercive behaviors with the intent of one (who is deemed to be more powerful by virtue of physical size, health, age or economic status) to dominate, control and victimize the other.

One in four women in the United States—which amounts to more than 12 million women—is abused in her lifetime. However, despite the high number of actual cases, it is estimated that between 5–10% of cases are correctly identified by health care professionals, even when the victims present themselves to the system. Nurses are in a unique position to identify victims of abuse for the following reasons:

- The nature of a nurse's interaction with patients is intimate and personal.
- A nurse's education focuses on the whole person, not simply a body system or function.
- Nurses have a natural role as patient advocate.
- A nurse's basic education prepares her/him for interpersonal communication.
- Nurses have long-term relationships with patients in some settings.

Women present themselves to the health care system in various settings where nurses are present. They are outlined in the table below.

The cultural acceptance and glorification of violence in many forms that permeate our culture lead many to view violence as a perfectly acceptable means to an end. Our society is affected by many factors that contribute to violence as a choice and influence the problem of violence in the home. One important factor is the long held view of women as "property" who should be subject to the needs, wants and desires of males. Abuse of women is no longer permitted by law in our society as it remains in other cultures, but the remnants of the mind set that allows it to be are deeply rooted and still held by many men and some women.

LOOKING AT THE NUMBERS

The statistics on the prevalence and resulting outcomes of domestic violence are astounding. Experts believe that domestic violence occurrences are under reported and not diagnosed.

Nevertheless, they indicate the gravity of the situation. According to the Family Violence Prevention Fund:

Health Care Setting	Opportunity for Recognition
Emergency Department	Women with assorted primary injuries/physical complaints
Prenatal Clinic/Obstetrical Practice	Increased incidence of abuse during pregnancy; missed appointments
Mental Health Settings	Women with symptoms of anxiety, depression, substance abuse, suicide attempt
Pediatric Settings	Women with children who, as witnesses to abuse, demonstrate behavior cues that arouse suspicion
Primary Care	Women who fail to manage chronic illness; missed appointments
Home Care	Nurse as passive witness of symptoms

PREVALENCE

- In the US, every 9 seconds a woman is physically abused by her husband.
- The US, the Department of Justice estimates that 95% of assaults on spouses or ex-spouses are committed by men against women.
- Domestic violence is repetitive in nature; about 1 in 5 women victimized by their spouse or ex-spouse reported that they had been a victim of a series of at least 3 assaults in the last 6 months.

INJURIES & FATALITIES

- One study showed that 30% of women presenting with injuries in an emergency room were identified as having injuries caused by battering.
- Pregnancy is a risk factor for battering. Several studies indicate a range of incidence from 8–15% of pregnant women in public and private clinics to as much as 24–26%.

COST

- A study conducted at Rush Medical Center in Chicago found that the average charge for medical services provided for abused women, children and older people was $1,633.00 per person per year. This would amount to a national annual cost of $357.3 million.

Every family experiences conflict amongst its member and factors such as financial hardships, alcohol or drug abuse and sexual infidelity can stir the brewing cauldron. However, arguments should not be viewed as violent if there is no identifiable victim or abuser and the issue of power and control are temporary. Arguments that are handled in a healthy manner remain arguments.

The crossover to violence occurs when there is continuous conflict caused by issues of power and control and one's individuality in the relationship is harmed by the other.

CROSSOVER STATISTICS

- According to Holtz and Furness, more than 1/3 of violent partners do not drink.
- According to Stark and Flitcraft, alcohol is a factor in fewer than 8% of the domestic violence cases where police are called.
- 60–80% of batterers grew up watching their fathers abuse their mothers.
- Studies show that up to 70% of men who abuse their female partners also abuse their children.
- In 95% of all domestic violence assaults, crimes are committed by men against women.
- Statistics reveal that women who leave their batterers are at a 75% greater risk of being killed by their abusers than those who stay.

The National Coalition Against Domestic Violence (1993) states:

- Over 50% of all women will experience violence in an intimate relationship.
- For 24–30% of those women in the preceding statement, the abuse will be ongoing.
- Under state laws, battering cases are almost always classified as misdemeanors.
- In homes where domestic violence occurs, children are abused at a rate of 1,500%.
- Sixty-two percent of sons over the age of 14 were injured when attempting to protect their mothers from attacks by abusive male partners.
- According to the *Journal of the American Medical Association* (1990), up to 35% of the women who visit the emergency rooms are there for injuries related to ongoing abuse.
- Domestic violence is the leading cause of injury to women between the ages of 15–45.
- Domestic violence is more commonly the cause of injury than automobile accidents,

muggings and rapes combined.

- Every year, domestic violence results in more than 100,000 days of hospitalizations, more than 30,000 emergency room visits, and almost 40,000 visits to a physician.

BARRIERS TO RECOGNITION

Despite the specific capabilities of nurses to assess for domestic violence and the many opportunities in which the assessment could occur, there remains the failure of recognition in so many cases. There are two primary issues that lead to this failure of recognition: they relate to inhibitions within the victim to confide in the nurse and inhibitions within the nurse to probe the issue. Victims' inhibitions can be summarized as follows:

FIGURE 1-1
Domestic Violence Vital Statistics

Statistic	Value
1996 women abused by intimate partner	4 million
Attacks on women where victim knows attacker	78%
Attacks by current or former intimate partner	29%
Attacks by acquaintances	40%
Odds of women being attacked compared to men	6-to-1
Murdered women killed by intimate male partner	49%
Followed by suicide, or attempt, by intimate male partner	29%
1995 intimate-partner murders committed by women	3%
1995 murders committed by strangers	15%
Severe Violence and Sexual Abuse for Low-Income Mothers...	
Who have been victims	83%
Assaulted as children by adult caretakers	63%
Sexually molested by age 12	42%
Needing medical care after juvenile assault	18%
Attempted suicide	28%
And As Adults	
Who have been severely assaulted by male intimates	61%
Sustained physical injury from the assaults	79%
Needing medical care after assaults	36%
Threatened with death	53%
Threatened or assaulted after ending relationship	35%
Had depression/post traumatic stress disorder *(3 times the rate for the general population)*	40%
Rape and Sexual Assault	
1995 where victim knew assailant	70%
1995 committed by non-relatives	34%
1994 committed under the influence of alcohol or drugs	38.3%
Committed between 6 p.m. and 6 a.m	68%

Source: Family Violence Prevention Fund, *American Journal of Orthopsychiatry*, U.S. Department of Justice.

- Shame
- Fear of reprisal from abuser
- Actual dependence on abuser
- Perceived dependence on abuser

Victims of domestic violence are often fearful of the response of others to their situation. They fear that they will be seen as being at fault, deserving the abuse. They are aware of the social prejudices concerning women who are victims of abuse, such as the belief that they would leave if they were unhappy in the situation.

Sometimes they believe that they are to blame, that they cause the abuser to behave as he does, due to their failures or inadequacies. Not wanting to deal with the additional disapproval of the nurse, they hesitate to bring it up or admit it if they are asked about suspicious injuries.

Often the victim is afraid that if she tells, her abuser will take it out on her with further abuse. These women seldom see any options that would preclude them from having to interact with the abuser again, so this fear is a powerful motive for silence.

Many women who are victims of abuse are economically dependent on the abuser and have few real options within their reach. Often the safety of their children is a concern that keeps them in the abusive relationship.

Additionally, the psychological dependence that these women feel for the abuser can be very strong. The cycle of abuse lends itself to foster this attachment cycle.

1. **Build-Up Phase** - Tension builds within the perpetrator for various reasons (such as family pressures, work stresses or his own thought patterns) and his behavior becomes more aggressive and intense regardless of how hard the victim tries to calm him. Other individuals and couples will have a range of reactions to this tension which do not include the use of violence. However, in the abusive relationship, it leads to the...
2. **Stand Over Phase** - Because of his physical strength and his realistic and frightening threats to hurt her, the woman feels that she is under her husband's control. His verbal attacks will weaken her even further.
3. **Explosion Phase** - A violent outburst occurs which is usually carried out in a fit of self-righteous rage. These outburst are likely to intensify over time. After the assault, the husband enters the...
4. **Remorse Phase** - He may feel ashamed or guilty and afraid of the consequences. However, he will usually deny or understate the violence and refuse to take responsibility for his actions. He may claim that she is responsible for the violence because she provoked him, because she deserved it or because he was out of control and did not realize what he was doing. Unfortunately, the woman believes this 'reasoning' because to admit otherwise would be to acknowledge the potentially dangerous situation that she (and perhaps the children) are living in.
5. **Pursuit Phase** - If she leaves him after the violent incident, he will usually try extremely hard to win her back. This is also known as the 'Buy Back' Phase because he will try to buy his partner by showering her with extravagant gifts, being loving and attentive, and promising that he will never hurt her again. She may return, wanting to believe that he has changed.

   If she still refuses to go back, he may resort to threats and more violence. He may threaten to make life as difficult as possible for her regarding their property, finances, children, relatives, etc. This is the time at which the majority of domestic murders occurs and she may return out of fear. Alternately, he may become helpless, saying that he can't cope without her and

threaten suicide if she does not come back to him. Many women return, feeling needed or that they must protect him from harming himself. The couple moves into the...

6. **The Honeymoon Phase** - If a reconciliation occurs—having come so close to separation and destruction—the couple may experience a very intense, intimate relationship where neither want to remember the pain of violence and earlier difficulties are denied. He may be communicative and responsive to her needs and she hopes, or believes, that he has changed. Unfortunately, in violent relationships, the cycle inevitably continues as an underlying issue of control reappears and the relationship weakens again under the growing weight of tensions.

   During the honeymoon phase the abuser is penitent, conciliatory, benevolent and promises to change and never strike again. The abused woman is searching for comfort and welcomes the attention, hoping that this time the change will be real.

Inhibition's from the perspective of the nurse can be summarized as follows:

- Lack of information
- Misinterpretation or denial
- Discouragement with system and situation
- Blame

Nurses, by nature and preparation, want to do the "right" thing for their patients. A lack of knowledge and awareness of: the signs of abuse; those at risk for abuse; the dynamics of abusive relationships; and appropriate interventions and resources may inhibit them consciously or unconsciously from recognizing victims in their care setting.

Fear of doing the wrong thing or getting involved outside of their realm of practice and expertise might lead them to misinterpret or deny signs they do see. Also, nurses sometimes believe that nothing can be done and that the system has no answers. They therefore feel they have no help to offer or may give up attempting to help when it seems that the victim chooses to return to the abusive setting.

Nurses are also susceptible to the same bias and prejudices of the general population. They may believe that victims of violence don't want to change their lives, deserve what they get, or enjoys the abuse.

FORMS OF ABUSE

Domestic violence takes many forms, the most common of which is physical abuse. It is recurrent with the purpose of effectively trapping and controlling the victim in a position of powerlessness and escalates in severity and frequency.

ACTS OF PHYSICAL ABUSE

- Hitting
- Pushing
- Shoving
- Punching
- Kicking
- Slapping
- Burning
- Biting
- Grabbing
- Choking
- Hair pulling
- Breaking bones
- Bruising
- Twisting arms
- Throwing a body against a wall/furniture
- Assault with a weapon
- Holding, tying down or restraining individual
- Denying basic human needs like food, water, sleep
- Kicking pets
- Leaving the abused in a dangerous place
- Refusing to help when the abused is sick or injured.

SEXUAL ABUSE

Sexual abuse is perhaps the most difficult of the forms to get information on. Sexual violence in the home is domestic violence and sexual intercourse without consent is considered sexual assault. Any unwanted sexual contact is considered sexual abuse.

ACTS OF SEXUAL ABUSE

- Insisting on having sex without protection.
- Physical trauma to the genital area due to the use of objects or weapons, whether vaginally or orally.
- Calling the victim sexually degrading names.
- Performing sex acts against the will of an individual.
- Taking sexual advantage of an individual because they are afraid to say no or is not fully conscious.

VERBAL ABUSE

Verbal abuse's goal is to attack one's self-esteem or to degrade leaving the recipient of the abuse feeling worthless. It may include threats of physical violence and violent verbal attack. Common forms include:

- Derogatory comments
- Threats of killing
- Insults
- Constant humiliation
- Belittling
- Constant criticism

PSYCHOLOGICAL/ EMOTIONAL ABUSE

This form of abuse occurs when one deliberately misuses the psychological or emotional factors in a relationship in order to manipulate and intimidate the recipient of the abuse. Once again, controlling another is the goal and is common in wife abuse. A range of behavior is involved including:

- Threats of harm
- Degradation and humiliation
- Name calling
- Deprivation
- Breaking promises
- Ignoring or ridiculing needs
- Extreme jealousy and possessiveness
- Isolation
- Lying
- Blaming another for everything that goes wrong
- Driving recklessly to intimidate or frighten

SPIRITUAL ABUSE

Spiritual abuse has its own peculiarities because it is shrouded in shame, secrecy and blame. For years, the church viewed domestic violence as a family matter and women were counseled to endure violence and to preserve the marriage at all costs. The spirit is the target of damage and this is more than a matter of betrayal or psychological abuse. Some believe that the faith community, of which the abused is a part, is also victimized. This translates to victimization based on factors such as:

- Race
- Color
- Community identity of any kind