

Nurse in the Process of Preventing Domestic Violence

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Abstract

The problem of domestic violence occurs in all societies and cultures. For many years it's been regarded as an important social issue especially in Western Europe. At that time, international organizations created plenty of documents advising the member States of the European Union, to take changes in law and practice in order to raise the effectiveness of combat with domestic violence and to provide victims of violence with assistance and effective interaction for domestic violence perpetrators. Up to this day in Poland, domestic violence was not seen as a purely pathological phenomenon. Initially, the problem was marginalized and silenced, because families with a domestic violence problem carefully hid these facts, especially in contact with health care system. Therefore, it was necessary to determine the role of nurses as people of first contact with the patient, which in the event of diagnosis of symptoms which indicate violence can take an appropriate diagnose and therapeutic measures which would lead to the prevention of domestic Violence.

The main objective was to determine the level of knowledge of professionally active nurses and students of nursing connected with the problem of domestic Violence (279 active nurses and 281 students of nursing). The author used a questionnaire. Conclusion & Significance: both groups of respondents did not recognize the long-term effects of domestic Violence, they well recognize factors influencing the Violence development. Respondents experienced Violence in their families, and problem of Violence is often found in work of nurses and students' private environment. Both groups rated their knowledge at the secondary level. Nurses and students perceive a nurse as a person who can prevent domestic violence and have their place in an interdisciplinary team.

Keywords: Domestic Violence, Prevention, Nurse, Role, Nursing

Introduction

The phenomenon of violence against another human being, from the appearance of intelligent beings on earth to present times, is related to human existence. Submissive people, elderly, disabled, sick and children were deprived of their right to live in dignity. In those days public opinion view the bruised child or an elderly person did not arouse suspicion, nor met with any legal consequences.

In the literature of the subject there are numerous examples of the use of aggressive educational methods, abandoning or even killing special-need requiring care people, and the reasons for making violent murders for the youngest can be seen in the social and economic reasons of families [1-5]. The most common reason for depriving a child's life was a disease or deformation of a newborn offspring, but children were also used for ritual and religious purposes, as mentioned in the Bible [6,7]. Violence also often treated as an indispensable element for the functioning of the family [4].

The development of medical science and technological progress has brought a breakthrough in the development of appropriate ethical attitudes and a change of views concerning respect for human life.

Considering the genesis of the phenomenon of abuse of the youngest family members in the epidemiological analysis, it is difficult to include this subject strictly objectively. This is due to the fact that a greater number of cases of children with a recognized abuse group is not recorded. Another difficulty associated with the learning of this phenomenon is the problem of determining the ambiguous nature of the damage, according to the international nomenclature of diseases ICD 10 (International Statistical Classification of Diseases and Related Health Problems) [8].

In the literature on the subject it is stated that the beginnings of contemporary research regarding the abuse of juvenile family members date back to 1946, in which John Caffey, an American radiologist and pediatrician, published the results of research on multiple bone fractures in the American Journal of Roentgenology infants with co-occurring hydro metal hemorrhage and pointed out their non-accidental nature [9,10].

Currently, the majority of research on the phenomenon of child abuse was carried out in the USA [11]. With certain criteria, 1-2% of cases of child abuse are recorded, of which about 10% before the age of five go to the hospital to receive surgical help [12]. The 2005 study showed that the largest group of children experiencing

violence was characterized by negligence of 58.5%, and 35 physical violence accounted for 18.6% of the group. Victims of psychological violence are 6.5%, while sexual violence is 9.9% [10].

In Poland, the phenomenon of child abuse, was first defined in 1981 at a scientific symposium, organized by the Section of Pediatric Trauma Surgery Polish Society of Pediatric Surgeons [13]. It was found that one in a thousand children hospitalized in Poland is treated for physical injury. The problem concerned girls more often than boys, aged from several months to several years [14].

The obligation of the doctor to report the abuse of a child was first introduced in the United States in 1966, and similar provisions are also in force in Canada and New Zealand [9,15]. However, in European countries such as the Netherlands, Denmark, Germany, and Belgium, has developed a system of so-called confidential report to the appropriate office [9,15].

Topczewska - Cabanek et al. found that 51% of nursing the children's hospital in Warsaw faced the problem of child abuse, and 92% of respondents were able to name all types of violence and describe the symptoms that may indicate child abuse [16].

Domestic violence can be considered an interdisciplinary problem, requiring the involvement and cooperation of specialists in the field of medical, social and legal sciences, both in theoretical implications and practical activities.

Objective

Assessment of perception of the role of a nurse in an interdisciplinary team in the field of preventing domestic violence, by professionally active nurses and students of nursing.

Materials and methods

The research was carried out after obtaining the consent of the Bioethical Commission of the Medical University of Białystok.

The main implementation of the study was preceded by a pilot study carried out on a random sample of $N = 50$ students and $N = 50$ professionally active nurses, and the conclusions from the pilot study were included in the final version of the questionnaire.

In the pivotal study, 285 questionnaires were distributed randomly selected professionally active 136 nurses and 285 students in nursing. The final study covered 279 professionally active nurses and 281 students of nursing studies.

The study used a proprietary questionnaire composed of respondent's particulars and three basic parts:

- Assessment of general knowledge about the problem of domestic violence - 24 questions
- Self-assessment of knowledge on the problem of domestic violence - 12 questions.
- Perception of the role of a nurse in diagnostic and therapeutic procedures in the case of finding violence in the family and in the scope of preventing it - 4 questions.

Prior to the analysis, the database was checked in terms of the logic and completeness of the response. Subsequently, the statistical package SPSS was used to perform the calculations. The following descriptive statistics were used in the study:

1. Tabular description - the data is presented in the form of tables, taking into account the relationships that are most important for the study of hypotheses; cross tables include basic independent variables, i.e. nurse or student status;
2. To measure the dependence between selected variables, the Chi-Squared independence test was used, being the most appropriate due to the qualitative nature of the variables under study, applied in the case of testing the independence of non-measurable (qualitative) features or in the case of qualitative and qualitative independence.

Usually, the level of 0.05 is critical. For the interpretation of the significance level (significance values p), the generally applicable rules have been adopted:

- if $p < 0.05$, statistical significance is mentioned;
- if $p < 0.01$ it is said to have a strong statistical significance;
- if $p < 0.001$ is said to have very strong statistical significance.

This means that p values less than 0.05 should reject the hypothesis that there is an effect of one variable on the other. It should be concluded, therefore, that in both groups the answers to individual questions differ significantly.

Results

In the group of nurses it was definitely 96.01% of women and 3.94% of men aged up to 30 years - 32.97% and above 30 years - 67.03% of the respondents. The majority of nursing students studied were women, whose percentage share in the study group was 94.31% and persons under 30 (96.8%) - in relation to 5.69% of men and 3.2% of people over 30. age.

In the opinion of both nurses and students, the professional group of "first contact" with cases of domestic violence should primarily be school pedagogues (55.91% of nurses and 51.96% of students respectively), police officers (respectively: 54.48% nurses and 51.60% of students) and social workers (respectively 47.31% of nurses and 42.70% of students). In nurses and doctors, this group was found by 15.05% and 10.75% of nurses respectively, and 16.01% and 15.30% of students. The most significant differences were noted in the case indicate the probation officers 21.15% 12.46% nurses and students. Statistically significant differences were found by the Chi-Squared independence test only in the case of opinions referring to the role of probation officers ($p < 0.01$).

Over half of the students (51.26%) and 44.06% of nurses thought that there was a place for a nurse in diagnostic and therapeutic procedures in the prevention of domestic violence. However, every tenth nurse (11.88%) and every tenth student (10.11%) believed that there is no place for a nurse in the above-mentioned proceedings. Analysis of the results of the Chi-square test did not indicate the existence of statistically significant differences between the two groups in terms of opinions on this subject.

More than half of the students (54.35%) were convinced that the nurse can prevent family violence (nurses, who had the same opinion was 45.80%). Every tenth nurse (10.69%) and every tenth student (9.42%) disagreed. On the other hand, 43.51% of nurses and 36.23% of the students had no opinion on the subject. Data analysis with Chi-square independence test did not indicate statistically significant differences in this respect between the two groups.

Most nurses and students (83.40% and 85.07%, respectively) believed that as a target for preventing domestic violence, the nurse may use careful observation of the patients directed at the occurrence of damages of suspicious appearance, numerous and frequent injuries, unusual patterns of bruises, specific signs and injuries, behaviors (withdrawal, depression, apathy, phobias), resistance to other people, sleep disorders and food intake, self-injuries, psychosomatic symptoms: headaches, abdominal pain, teeth). The respondents (the 66,42% of both groups) were also convinced of the possibility of educating the victims of violence. Over half of the respondents from both groups indicated the call of the intervention services (55.09% of nurses and 58.21% of students respectively).

Among the nurses the opinion was that in the diagnostic and therapeutic procedure, in the case of domestic violence, the nurse may perform activities such as wound care (72.66%), victim support (72.66%) and a description of wound location (61.05 %). Among students, the most frequently indicated activities were: victim support (79.27%), wound supply (71.27%) and description of the type of injury (physical examination) (71.27%).

Analysis of the results with the Chi-square test indicated statistically significant differences between the two groups in the case of activities such as: description of the situation of domestic violence ($p < 0.01$), description of the type of injury (physical examination) ($p < 0.01$), description location of wounds ($p < 0.05$), description of wound delivery ($p < 0.05$), victim support ($p < 0.05$) and obtaining other information on domestic violence (institutional and non-institutional) ($p < 0.05$).

Nurses in case of domestic violence would most often take actions such as: annotation in the documentation (71.88%), police notification (57.29%) and interview with the superior (51.04%). A significant percentage of nurses (42.19%) also indicated the notification of social welfare. Most students would take actions such as: police notification (62.79%) and social care notification (60.93%). Almost half of the students would take annotation in the documentation (47.91%), and 38.14% of them indicated a conversation with the supervisor.

The largest significant statistical differences between the groups were noted in the case of activities such as: annotation in the documentation, court notification, police notification ($p < 0.05$) and social care notification ($p < 0.001$).

Most of the nurses and students (respectively: 58.37% and 58.21%) considered as a private person necessary to undertake assistance activities in the event of violence in the family. Every tenth person (respectively 9.50% and 10.71% of nurses students) had a different opinion. Every third person did not have an opinion on this subject (32.13% of nurses and 31.07% respectively). Therefore, opinions on this subject were not significantly different between nurses and students, which were confirmed by the Chi-square independence test (lack of statistical significance).

Most nurses and students (70.26% and 71.56% respectively), as a private person, would notify the police if they found domestic violence. Notifications of professional services would be made by 36.92% of nurses and 46.45% of students. In the latter case, statistical significance was recorded ($p < 0.05$).

Almost half of students (49.43%) and 37.71% of nurses, being in a situation of reluctance to report a case of domestic violence by a doctor, would inform the director of the institution about the fact of violence with a request to take legal action in the case.

Most nurses and students witnessing the slap and the raised voice of a parent towards a child would turn their attention (respectively 42.26% and 40.93%). A significant percentage in both groups was unable to declare how they would act (40.17% and 33.10%, respectively).

In the opinion of the majority of nurses (71.68%) and students (76.51%), all domestic violence is a crime. Analysis of the results with the Chi-Square independence test did not indicate statistically significant differences in the opinions of the studied groups ($p > 0.05$).

Both nurses (79.93%) and students (79.22%) were of the opinion that a child can be brought up without being beaten. Significantly less respondents from both groups considered the opposite (6.09% and 8.19% respectively).

Most of both nurses (68.38%) and students (68.10%) assessed the level of their own knowledge about the phenomenon of domestic violence as average. The Chi-square independence test pointed to the lack of statistically significant differences between nurses and students.

Discussion

Factors that according to the experts involved in the IDEABLOG study [quot. for 9] affect the disclosure of domestic violence, are:

- Knowledge and awareness of residents and employees of services dealing with domestic violence on domestic violence, conditioning the functioning of social ideas and stereotypes about domestic violence and affecting the perception and perception of the problem - shaping the social sensitivity and the ability to recognize the situation of domestic violence.
- Having information on the possibilities and ways of responding to domestic violence, knowledge and awareness of the role and responsibilities of individual institutions implementing tasks in the field of counteracting domestic violence, thanks to which it is possible to report cases of domestic violence to competent institutions (in the case of residents)
- Efficient cooperation of institutions implementing tasks of domestic violence (in the case of employees of services and institutions)
- Social trust - social ties and relationships functioning in the community, solidarity of the neighborhood with a victim of domestic violence and support for the environment for victims of domestic violence, including expectations of the perpetrator of domestic violence and motivating him to change behavior.
- Trust in services and institutions - a professional, competent and adequate response to employees of services and institutions is necessary.
- Local offer and institutional infrastructure - availability and offer of specialist services for victims and perpetrators of domestic violence and their appropriate quality.

Research by the Regional Social Policy Center in Białystok showed that the respondents emphasized the key role of teamwork in combating the problem of domestic violence [17]. They believed that it can never be based on the operation of one institution, because

no single specialist or institution can secure all the basic needs of a family involved in violence. Therefore, according to the respondents, a comprehensive approach to the situation of the family affected by violence is necessary to undertake effective assistance measures, and this is possible only through the creation of a cooperation network based on the operation of local interdisciplinary teams [17]. Therefore, one should strive to professionalize social assistance, including refreshing its image, by increasing its accessibility, effectiveness and professionalism, and including interdisciplinary teams, including nurses, in the preferences.

Interestingly, by a group of professionally active nurses, the profession of a doctor as a professional group of "first contact" with victims of domestic violence, was mentioned less often than nurses. This answer illustrates the nurses' opinion about the functioning pattern of dealing with the victim of domestic violence. Nurses have seen themselves, among other representatives of health care professionals, as a professional group that should be a group of "first contact" for victims of domestic violence.

As Leoniuk points out, the obligation to intervene in the case of suspected domestic violence rests not only on doctors, but also on nurses, midwives and medical rescuers [18]. The current study found that nurses rarely carried out professional activities related to domestic violence - only 9.68% of nurses surveyed listed it as the main reason for undertaking professional activities. Most of them, at the time of finding domestic violence, undertook an assistance activity and considered it necessary, but mainly through annotation in the documentation and notification to the police.

There was a significant difference between students and nurses regarding the reluctance to report a case of domestic violence by a doctor. Students often pointed nurses, the need to inform the director of the institution about this fact, together with a request to take legal action, and the need to notify social services. This attitude allows to conclude that the students were more aware of the need to carry out help proceedings against the victim of domestic violence. In addition, this attitude indicates that they treat themselves as an equal member of an interdisciplinary team, whose decisions to deal with the victim of domestic violence, according to their assessment, are nevertheless important.

The current respondents mostly assessed their knowledge about the phenomenon of domestic violence at the secondary level. According to the analysis of the answer, it can be stated that the grade of assessment was in some cases undervalued. Nurses and students of the Nursing faculty demonstrated in many aspects high theoretical knowledge and operational values, however, lack of organizational solutions prevented them from implementing the declared activities.

In summary reflections associated with the analysis of the literature, as well as the results of their own work, it can be concluded that the nurse is well prepared to exercise interdisciplinary care for victims of domestic violence. Due to its multi-profile professional preparation, it can actively participate in the diagnostic and therapeutic process. The level of knowledge and the ability to cooperate with other specialists is heading for her in an interdisciplinary team of significant importance for the benefit of a person who has experienced domestic violence.

Nurses and midwives, as well as other medical staff, should play an important role in prevention and education related to the phenomenon

of domestic violence, and promptly and effectively respond to any perceived acts of violence, at the same time enriching their knowledge in terms of its diagnosis and management aid.

Conclusions

- Nurses have seen themselves, among other health care representatives, as a professional group of "first contact" with a victim of domestic violence.
- Both nurses and students believed that in the case of violence in the family, there is a place for a nurse in diagnostic and therapeutic procedures and counteracting domestic violence.
- In the diagnostic-therapeutic procedure, most nurses claimed that they could perform activities related to: wound supply, victim support, physical examination and a description of wound placement and treatment, while students preferred: description of the situation of domestic violence, type of injuries, method of supply wounds and victim support.
- Most of the respondents believed that the nurse, in order to counteract domestic violence, may apply primarily watchful attention to the occurrence of: damages of suspicious appearance, numerous and frequent injuries, unusual patterns of bruises, specific signs and wounds, behavior, resistance to other people, sleep disorders and food intake, self-injury, psychosomatic symptoms, and education for victims of violence.

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