Awareness to the health problem of violence against women

Health & Medicine

The American Nurses Association (ANA) supportseducationof nurses, healthcare providers and women in skills necessary for prevention ofviolenceagainst women; assessment of women in health care institutions and community settings; and research on violence against women. ANA believes there is a need to increase awareness to the heath problem of violence against women, as well as reduce injuries and psychological misery associated with this crime. ANA believes health care professionals must be educated as to their role in the assessment, intervention, and prevention of physical violence against women.

Further, ANA supports the YEAR 2000 Health Objectives, which cite the surveillance, prevention and intervention for violent behavior as a priority issue for the nation. Physical violence against women is behavior intended to inflict harm and includes, slapping, kicking, choking, punching, pushing, use of objects such as weapons, forced sexual activity and injury or death from a weapon. Physical violence is by definition, assault and it is a crime. Ninety-five percent of serious assaults by a spouse or intimate partner are men battering women.

Abuse is the leading cause of injury to women and homicide a major cause of traumatic death to women. Physical violence against is pervasive and cuts across all ethnic, racial, religious, and socio-economic groups. Based on national survey results, 1. 8 million women are beaten by their husbands each year. Stated another way, one of every eight husbands assaults his wife at least once during a given year. Abuse during courtship and cohabiting relationships affects between 16 and 23 percent of all dating relationships.

The FBI estimates that her male partner will physically assault one in two women during her lifetime. Frequently physical abuse begins during pregnancy with 25-30 percent of pregnant women reporting abuse prior to or during pregnancy. Pregnant women reporting abuse are more likely to deliver a low birth weight infant. Injuries to women sustained from abuse include contusions, concussions, lacerations, fractures and gun shot wounds. Emergency room records document that 22 to 35 percent of women presenting any complaint are there because of symptoms related to physical abuse.

Some 1, 000 women are killed each year by their male partner, almost always following years of physical abuse. The economic costs of interpersonal violence are high especially if a weapon is involved. The lifetime cost of firearm deaths and injuries are estimated at $23 billion in 1990 with more than 80 percent of the medical care costs borne by public funds. During the same year, injuries caused by interpersonal violence requiring hospitalization cost an estimated $80 billion. Because most physical violence between intimate partners goes underreported, the economic costs are grossly underrepresented.

The American College of Obstetricians and Gynecologists, Surgeon General and Centers for Disease Control have forwarded recommendations that all women be routinely screened for physical abuse and offered counseling, education, advocacy and appropriate referrals.

Year 2000 Health Objectives cite the surveillance, prevention for violent behavior as a priority issue for the Nation. · Routine education of all nurses

and health care providers in the skills necessary to prevent violence against women Routine assessment and documentation for physical abuse of all women in any health care institution or community setting · Targeted assessment of women at increased risk of abuse including pregnant women and women presenting in emergency rooms. · Education of all women as to the cycle of violence, the potential for homicide, and community resources for primary, secondary and tertiary prevention and care. · Education of school age children and adolescents in public schools about relationships without violence and community resources for help.

Research on violence against women, including the development and evaluation ofnursingmodels for preventive assessment, intervention, and treatment for abused women, their children and perpetrators of violence. Partner abuse victims tend to obscure their victimization. They are acutely aware that disclosure of their dilemma will be met with defiance or minimization by their partner, friends, and relatives and by increased abuse by their partners. When a woman becomes independent financially and emotionally the abuse increases the violence by their partner.

Some end results are women killing the abusive partner, most of the time it is in self- defense after a history of beatings. Studies have been performed in reference todomestic violenceand the abuse of drugs and alcohol. Some abusers are abstainers, however, more are substance abusers than not. The present view is that abusers use alcohol and drugs as an excuse for their violence and drink when are about to become violent. Apparently there seem

to be a connection between alcohol and drugs and the severity of violence committed against women.

In contrast, victims of domestic violence tend to blame the abuse on the substances used rather than on the abuser personally. The victim acknowledges that they do not enjoy the abuse, but believe their partnersphilosophythat they deserve the abuse. Victims of domestic violence stay with their abusive partner due to economic status, fear of physical danger to themselves and their children, fear of losing children, lack of job skills, lack of alternative housing, lack of support fromfamilymembers and friends, lack of information regarding alternatives, fear of court procedures, and fear of partner retaliation.

The majority of women have poor self image, are lonely, embarrassed and tend to protect the abuser, they are insecure about themselves and believe their partner is sick and needs their help. · Backache, abdominal pain, indigestion, headaches, hyperventilation, anxiety, insomnia, fatigue, anorexia, heart palpitations, injuries without explanations and embarrassment about them, hidden injuries to head and neck, internal injuries, genital injuries, scars, burn, joint pain or dislocation, numbness, hearing problems, or bald spots.

Injuries from a belt, iron, raised ring, teeth, fingertips, cigarette, gun, or knife, jumpiness or flinching in the presence of the abuser, substance abuse/suicidal thoughts or attempts, denial of any problems in their relationship, lack of relationships of friends or family, isolation or confinement to home. Believing in family unity at all costs and in traditional

stereotypes, an overzealous partner who does not want to leave spouse alone in an emergency care unit.

Battered woman syndrome is being suggested as a sub classification of PTSD due to repetitive abuse being a serious threat to the victim" s health and life. Battered women report nightmares, flashbacks, recurrent fears of more violence, emotional detachment, numbness, startle response, sleep problems, impaired concentration, and hyper vigilance. Victims show reactions to chronic trauma, but no symptoms of psychopathology are present.

How can we help? We can offer information and assistance to these individuals who are victimized by their partners. Recognizing the symptoms (listed above) is the first step in offering assistance. Make an assessment (length/frequency of abuse, types of abuse; physical, psychological, sexual, financial) and recommend the victim to available services offered in the surrounding area.

Do not be judgmental, be objective, and non threatening, ask directly if abuse is occurring, identify the abusers behavior, acknowledge the seriousness of the abuse, help the victim to asses internal strengths, encourage use of personal resources, give the victims a list of shelters, police departments, legal assistance, and financial aid, allow the victim to choose his or her own options, teach victim to develop a safety/escape plan, tell the abuser to stop the abuse and get himself help, do not blame the victim, do not get angry with the victim, refuse no help to the victim even though they are not ready to leave the abuser, do not retaliate with the

victim against the abuser, do not encourage the victim to leave the abuser before she is ready.

It is however, important to assure the victims they are not alone and they do not deserve the abuse they have become accustomed to. We must impart to them that they have dignity and worth and acknowledge their mental and physical exhaustion, fears, ambivalence about the abusers and leaving, and their wish to help the abuser as well as themselves. The victim may want to try counseling with a community agency or a local pastor, do not discourage this, it is always the victims decision on how to go about, stopping the violence in their own life.