- Genocide
- Persecution

ECONOMIC ABUSE

Once again, controlling another raises its ugly head and this time it is total control of the financial resources. It may include the following:

- Forbidding the abused to work or have an independent income.
- Demanding that if they do work, they hand over their paycheck.
- Requiring the abused to beg for money for basic needs.
- Preventing the abused from participating in financial decisions (i.e. how money will be spent).

SOCIAL ABUSE

Social abuse is the constant monitoring and control of the abused's activities, outings and friendships. Again, control is the underlying theme. Great extremes are taken to limit the flow of information. These actions include:

- Controlling access to friends.
- Denigrating friends or family of the victims.
- Locking the victim in or out of the house.
- Cutting off the telephone or monitoring all calls, in or out.
- Limiting or denying use of the car.
- Verbal abuse or put downs in public.
- Accusations of imagined affairs.
- Constant phone calls at work in order to monitor whereabouts.
- Denying the right of the victim to leave home.
- Throwing away car keys.
- The humiliation results in the victim cutting themselves off to keep peace.

APPROPRIATENESS OF NURSING INTERVENTION

Nurses need to recognize and accept their obligation to assess for indications of domestic violence and to be comfortable in doing so. Several key points are important in fostering the nurse's confidence:

- This practice is within the legitimate role of nursing
- Knowledge is empowering
- Specific techniques aid in successful intervention

The fear of overstepping boundaries, which keep some nurses from pursuing their inclinations regarding intervention in cases of suspected domestic abuse, is misplaced. Nurses accept the role of advocacy for patient autonomy as a primary aspect of their professional practice. Assisting a woman to assess her own situation, evaluate her options and promote her own well-being is absolutely in concert with that principle. In responding to the needs of a battered woman, the nurse plays a vital role in identification and in providing referrals to services needed, such as legal or social services assistance. These activities support the development of the victim's autonomy.

Once a nurse accepts this as a part of her practice, it is necessary that she have information that will assist her in recognizing abused patients. Domestic violence is not limited to any socioeconomic, educational, racial or religious category; it is found among women who are married, unmarried or involved in same-gender relationships.

The clinical manifestations of abuse cover a wide spectrum including both physical and behavioral symptoms. They are evidenced in acute complaints, failure to maintain control over chronic illness, and/or vague systemic complaints.

The acute physical symptoms are associated with all body parts and system, which might include:

EVIDENCE OF PHYSICAL TRAUMA

- Burns, contusions and abrasions
- Fractures, dislocations, and sprains
- Lacerations
- Injuries to the head, neck, chest, breast and abdomen
- Bruises/hematomas (especially in various stages of healing)
- Bites
- Multiple sites of injury

PHYSICAL COMPLAINTS

- GI distress
- Chronic pain, psychogenic pain
- Dizziness/palpitations
- Atypical chest pains, dyspnia
- Frequent vaginal and urinary tract infections
- Sexual dysfunction
- Fatigue, decreased concentration
- Premature labor/miscarriage
- Sleep and appetite disturbances
- Frequent visits with vague complaints that have no medical basis in terms of physiological abnormalities.

When evaluating evidence of physical trauma, the nurse must consider if the injury is consistent with the given history; if it is not, it should heighten her suspicion. Additionally, it is important to observe for such evidence in body areas that are generally covered by clothing, as it is often the strategy of the abuser to cause injury where it will not be visible.

Less obvious physical manifestations may be evidenced by failure of a patient to be able to manage chronic illness such as hypertension, asthma, diabetes, or heart disease. This failure may be a part of the patient's inability to control the circumstances of her life. Behavioral manifestations might include:

- Dependency on the partner to answer questions
- Denial or minimization of injuries
- Evasion or embarrassment when questioned
- Reluctance of patient to speak or disagree in front of partner
- Self-blame
- Suicide attempts of gestures
- Failure to keep appointments
- Decreased concentration
- Depression
- Substance abuse
- Panic disorder
- Increased exaggeration of clinical illnesses
- Non-compliance with treatment regimens

The knowledge that assessment of domestic violence is an appropriate nursing responsibility and an awareness of the symptoms that heighten suspicion must be accompanied by a strategy for action.

CREATING AN APPROPRIATE ENVIRONMENT

To maximize the potential for a victim to open up and discuss the reality of their experience of abuse, privacy is essential. Every effort should be made to separate the patient from their partner, or whomever might have accompanied them, when they present themselves for care. Fear of reprisal for their revelations might otherwise prohibit them from being truthful. In many settings, the need to create privacy requires some creativity on the part of the nurse, but it is a very important investment.

Nurses often fear they are prying too much or are invading the privacy of the patient by asking about abuse and the circumstances of their personal relationship. They might feel embarrassed or fear that they might insult a woman by asking about abuse in error. They might also worry about placing the woman at greater harm by bringing the subject out in the open.

It is helpful to recognize that nurses are frequently called upon to discuss very intimate aspects of a patient's life and that abusive treatment, as a health concern, is not any different. Many nurses have not yet desensitized themselves to the embarrassment of addressing this subject, as they have with other issues. It would help if the nurse acknowledges to the patient that the incidence of domestic violence is so prevalent that screening for it is becoming a routine part of health care delivery for all women.

Conveying that you take the issue seriously and that you are comfortable hearing about abuse erases the victim's potential discomfort. Knowing how to ask, as well as what to ask, is an essential skill for nurses to have in order to feel confident in this role. This can help clinicians overcome hesitations about addressing domestic violence with patients.

Carole Warshaw, M.D. gives the following ways providers can introduce the issue:

- We now know domestic violence is a very common problem. About 23% of women in this country are abused by their partners. Has that ever happened to you?
- I don't know if this is a problem for you, but many of the women I see as patients are dealing with abusive relationships. Some are too afraid or uncomfortable to bring it up themselves, so I've started asking about it routinely.
- Some women think they deserve abuse because they have not lived up to their partner's expectations, but no matter what someone has or hasn't done, no one deserve to be beaten. Have you ever been hit or threatened because of something you did or did not do?
- Because so many women I see in my practice are involved with someone that hits them, threatens them, continually puts them down, or tries to control them, I now ask all my patients about abuse.
- Lots of lesbians and gay men we see here are hurt by their partners. Does your partner ever try to hurt you?

DIRECT QUESTIONS

Evasive questions lead to evasive answers. Direct and accepting language is most effective and produces the best results.

- Did someone hit you? Who was it? Was it your partner/husband?
- Has your partner or ex-partner ever hit you or physically hurt you? Has he ever threatened to physically hurt you or someone close to you?
- I am concerned that your symptoms may have been caused by someone hurting you. Has someone been hurting you?
- Does your partner ever try to control you by threatening to hurt you or your family?
- Have your partner ever forced you to have sex when you didn't want to? Has he ever refused to practice safe sex?
- Has he/she ever tried to restrict your freedom or keep you from doing things that were important to you (like going to school, working, or seeing your friends or family)?
- Does your partner frequently belittle you, insult you and blame you?
- Do you feel controlled or isolated by your partner?
- Do you ever feel afraid of your partner? Do you feel you are in danger? Is it safe for you to go home?

FIGURE 1-2
Danger Assessment

Several risk factors have been associated with homicides (murder) of both batterers and battered women in research conducted after the killings have taken place. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of severe battering and for you to see how many of the risk factors apply to your situation. (The "he" in the questions refers to your husband, partner, ex-partner, or whoever is currently hurting you.)

Please check Yes or No for each question below:

YES	NO	
___	___	Has the physical violence increased in frequency over the last year?
___	___	Has the physical violence increased in severity over the past year? Has a weapon or threat with a weapon been used?
___	___	Does he ever try to choke you?
___	___	Is there a gun in the house?
___	___	Has he ever forced you to have sex when you did not wish to do so?
___	___	Does he use drugs? By drugs I mean "uppers" or amphetamines, speed, angel dust, cocaine, "crack" street drugs, heroin, or mixtures?
___	___	Does he threaten to kill you? Do you believe he is capable of killing you?
___	___	Is he drunk everyday or almost everyday? (In terms of quantity of alcohol.)
___	___	Does he control most or all of your daily activities? For instance does he tell you who you can be friends with, how much money you can take with you shopping, or when you can take the car? (If he tries, but you don't let him check here.____)
___	___	Did he ever beat you during your pregnancy? (If you have never been pregnant by him check here.____)
___	___	Is he violently and constantly jealous and possessive of you? (For instance, does he say, "If I can't have you no one can"?)

TOTAL YES ANSWERS_____

THANK YOU. PLEASE TALK TO YOUR NURSE, ADVOCATE, OR COUNSELOR ABOUT WHAT THE DANGER ASSESSMENT MEANS IN TERMS OF YOUR SITUATION.

Source: Reproduced from Campbell J. Nursing assessment for risk of homicide in battered women. *Advances in Nursing Science* 8:36–51, 1996.

- Is your partner jealous? Does he frequently accuse you of infidelity?

INDIRECT QUESTIONS

In some clinical settings, it may be appropriate to start the inquiry with an indirect question before proceeding to more direct questions. The following are examples of this approach:

- Have you been under any stress lately? Are you having any problems with your partner? Do you ever argue or fight? Do the fights ever become physical? Are you ever afraid? Have you ever gotten hurt?
- You seem to be concerned about your partner. Can you tell me more about that? Does he ever act in ways that frighten you?
- You mention that your partner loses his temper with the children. Can you tell me more about this? Has he ever hit or threatened to physically harm you or your children?
- How are things going in your relationship/marriage? All couples argue sometimes. Are you having fights? Do you fight physically?
- You mentioned your partner uses alcohol. How does he act when he is intoxicated? Does his behavior ever frighten you? Does he ever become violent?
- Like all other couples, gay couples have various ways of resolving their conflicts. How do you and your partner deal with conflicts? What happens when you disagree? What happens when your partner doesn't get her way?

Assessment is intervention. Information is intervention. If the woman admits to having been abused, she needs to be given information, in addition to the treatment of her injury. During this visit it is important for the nurse to assess the extent of danger that exists for the patient and her children. The danger assessment screen can be a useful tool in your arsenal.

Any indication that the victim is ending the relationship increases the potential for a lethal outcome.

Knowing what to ask, and how to broach the subject are essential skills for nurses to have in order to feel confident in this role. Maintaining an attitude of acceptance, no matter what the patient response, will encourage the patient to continue the discussion, either now or later. It is important not to badger the woman. But if she seems hesitant, you might rephrase the question to ask if anything has "ever" happened or "sometimes" happens. Respect her negative answers to these questions. Forcing the issue may be too much like the controlling forces she feels in the abusive relationship. Many abused women will not answer truthfully the first time they are asked, but repeated questioning over time, at repeated visits, may gain her confidence and trust to address the issue.

INTERVENTIONS

If the victims admit to having been abused, they need to be given information, in addition to the treatment of their injuries. During the visit, the nurse should provide an opportunity for the victim to assess the extent of danger that exists for herself and her children. Questions addressing the presence of weapons in the home, opportunity for escape and awareness of warning behaviors is important.

As part of the intervention, in addition to assessing the risk, the nurse also needs to assist the woman to assess her support systems. Have the victim list those people who are significant in their life and have the victim consider if they could ask those people for help. What kind of help could they expect from them reasonably? Some might be able to provide emotional support, some financial help, some transportation or child care, etc. Referrals to community service agencies, a hotline and legal assistance are all appropriate and are necessary to fill the gaps of the woman's perceived personal

support system. Some victims have no personal support system; others in fact do, but are too ashamed to access them.

Documents, handouts and educational materials should be given even if you suspect abuse but none was reported.A place of escape and safety precautions should be discussed and offer to contact a shelter. Suggest that they obtain access to documents that validate identification and eligibility for assistance—for example, birth certificate, social security number, income tax forms, extra keys, emergency money and emergency phone numbers.

The goal of any intervention is to get the victim and dependent children out of the abusive relationship—permanently or temporarily as the case may be. With therapy, abuse relationships can be improved, but only if the abuser is willing to accept help. Until that time, the victim needs to get away. But leaving is a very difficult, draining and frightening experience and the victim has to have a good plan for it to work. The referrals can assist the victim in making their plans by fleshing out the options available to them.

The nurse's responsibility include accurate documentation of the patient's response as well as the nature and extent of the injury. Record their responses verbatim—document the location, nature and degree of all injuries. Use of a body map is helpful in creating a clear picture for future reference. Take Abuse Assessment Screen photos of the injuries, making sure that written consent is obtained. In most states there is a statutory (legal) mandate to report.

The following resources should be helpful to you in your encounters with those experiencing any form of domestic violence:

HOTLINE NUMBERS FOR VICTIMS OF ABUSE

National Organization for Victim Assistance
(NOVA) 202-232-6682
1-800/TRY NOVA for community information and referrals

National Coalition Against Domestic Violence
202/638-6388

Committee on the Status of Women
Women in Mission and Ministry Office
The Episcopal Church Center
815 Second Avenue, New York, NY 10017
800/334-7626

Men Stopping Violence
1020 Dekalb Avenue, #25, Atlanta, GA 30307
404/688-1376

National Clearinghouse for the Defense of Battered Women
125 S. 9th Street, Suite 302
Philadelphia, PA 19107
215/351-0010

National Coalition Against Domestic Violence
PO Box 34103, Washington, D.C. 20043-4103
202/638-6388, 303/839-1852

Center for the Prevention of Domestic Violence & Sexual Assault
1914 N. 34th Street, Suite 105
Seattle, WA 98103
206/634-1903
Producers of the video "Not in My Church" (1991), Available to rent from EcruFilm at 800/251-4091.

The Safer Society Program
PO Box 340, Brandon, VT 05733
802/247-3132
A national project of the New York State Council of Churches.

U.S. HELP LINES FOR WOMEN

Alabama

205/832-4842

Alaska

907/586-3650

Arizona

602/224-9477

Arkansas

501/663-4668

California

Central: 209/524-1888

Northern: 415/457-2464

Southern: 213/655-6098

Colorado

303/573-9018

Connecticut

203/524-5898

Delaware

302/762-6110

District of Columbia

202/546-4996

Florida

407/628-3885

Georgia

404/524-3847

Hawaii

808/595-3900

Idaho

208/388-1323

Illinois

217/789-2830

Indiana

317/724-0075 or 800/332-7385

Iowa

515/281-7284

Kansas

316/232-2527

Kentucky

502/875-4132

Louisiana

501/523-3755

Maine

307/941-1194

Maryland

301/942-0900

Massachusetts

617/248/0922

Michigan

517/484-2924 or 517/372-4960

Minnesota

612/646-6177

Mississippi

601/436-3809

Missouri

314/634-4161

Montana

406/586-7689

Nebraska

402/476-6256

Nevada

702/746-2700 or 800/992-5757

New Hampshire

603/224-8893

New Jersey

609/584-8107 or 800/572-7233

New Mexico

515/526-2819

New York

518/432-4864 or 800/942-6906

North Carolina

518/432-4864 or 800/942-6906

North Dakota

701/255-6240 or 800/472-2911

Ohio

614/221-1255 or 800/934-9840

Oklahoma

405/557/1210 or 800/522 SAFE

Oregon

503/239-4486, 4487

Pennsylvania

717/545-6400 or 800/932-4632

Rhode Island

401/723-3051

South Carolina

803/232-1339

South Dakota

605/624-5311

Tennessee

615/327-0805

Texas

512/794-1133

Utah

801/752-4493

Vermont

802/223-1302

Virginia

804/221-0990

Washington

203/352-4029 or 800/562-6025

West Virginia

304/765-2250

Wisconsin

608/255-0539

Wyoming

307/235-2814

LEGAL ISSUES

Today every state has some legislation designed to offer protection to victims of domestic violence. Many state boards of nursing require nurses take a continuing education course in Domestic Violence and give curriculum requirements for compliance and licensure renewal. For example, Florida's legislation is as follows:

> It is your responsibility to know what the law is in your state and what conditions you must meet to keep your license current. Legal remedies available to those who are victims of domestic violence have as their objective safety and protection. The most common civil action in domestic violence is a protective order, injunction, or restraining order, which is a court order that directs the batterer to stop abusing the victim. Criminal actions against batterers may include prosecution for assault, battery, aggravated assault or battery, harassment, intimidation, or attempted murder. Those who are a part of the legal system may be reluctant to aggressively pursue serious charges against a batterer and may attempt to downgrade offenses to a misdemeanor.

According to the American Medical Association, virtually all states have some type of statute that requires physicians to report to law enforcement officials certain injuries that appear to have resulted from a criminal act. Disclosure of an diagnosis of abuse to any third party or to authorities should be done only with the knowledge and consent of the abused.