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Confronting a Victim of Intimate Partner Violence in Nursing Care

- A literature review -

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ABSTRACT

Intimate partner violence is a growing problem in health care. The purpose of this thesis was to find ways of confronting a victim of intimate partner violence in nursing care and methods how nurses can encourage the victim to disclose the abuse.

The aim of this thesis was to help the health care professionals to understand the issue and the need of the victims better, and that way provide a better care.

This thesis is a literature review of previously made research articles about intimate partner violence. The research material consisted of 10 published articles, which were collected from different databases. The articles were published within 10 years. A content analysis method was used to examine the articles by making descriptive summary tables according to each questions.

The results of this study showed multiple factors which the health care providers should take into consideration when caring the patients. Asking with a non-judgemental attitude, in a safe, confidential setting without the partner present and prioritizing the abuse was mentioned to be important for the victims. Routinely screening and different kind of brochures was considered as good methods to encourage the victims to disclose the abuse. The need for better training and counselling of the health care providers was also discovered. The results of this thesis, did answer to the chosen study questions and that way the purpose of the thesis was filled.

Hopefully, in the future this problem can be minimized and prevented in advanced. Further studies are needed to examine whether these caring methods are actually being used in clinical settings and do they have any effect.

Keywords

intimate partner violence, nursing care, confront, encourage

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TIIVISTELMÄ

Parisuhdeväkivalta on kasvava ongelma terveydenhuollossa. Tämän opinnäytetyön tarkoituksena oli löytää keinoja kohdata väkivallan uhreja hoitotyössä ja menetelmiä joiden avulla rohkaista uhreja myöntämään ongelma.

Tavoitteena oli lisätä hoitohenkilökunnan tietoisuutta parisuhdeväkivallasta ja näin auttaa heitä palvelemaan väkivallan uhreja paremmin.

Tämä opinnäytetyö on kirjallisuuskatsaus aikaisemmista parisuhdeväkivaltaa käsittelevistä tutkimuksista. Materiaali koostui kymmenestä aikaisemmin julkaistusta aihetta koskevasta artikkelista, jotka keräsin eri tietolähteistä. Kriteerinä oli, että käytetyt tutkimusartikkelit oli julkaistu viimeisen kymmenen vuoden sisällä. Sisältöanalyysiä käytettiin artikkeleiden analysoinnissa.

Tutkimustuloksista nousi esiin useita tekijöitä, jotka hoitohenkilökunnan tulisi ottaa huomioon, kun asiakkaana on parisuhdeväkivallan uhri. Tuomitsematon asenne ja suoraan kysyminen turvallisessa paikassa ilman kumppania, nähtiin kaikkein oleellisemmaksi asiaksi. Rutiini kyselyt ja erilaiset esitteet ja julkaisut, parisuhdeväkivaltaa koskevista asioista, nähtiin tärkeinä keinoina saada uhri myöntämään tapahtuva väkivalta. Lisäksi hoitohenkilökunnan koulutuksen tarve nähtiin tarpeellisena. Tulokset vastasivat hyvin valittuihin tutkimuskysymyksiin ja näin työn tarkoitus tuli täytettyä.

Toivon mukaan parisuhdeväkivalta saadaan tulevaisuudessa vähenemään ja ehkäisykeinoja löydetään enemmän. Tulevissa tutkimuksissa voitaisiin myös enemmän tutkia opittujen menetelmiä käyttöä ja vaikutusta käytännön työssä.

Avainsanat

parisuhdeväkivalta, hoitotyö, kohdata, rohkaista

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1. INTRODUCTION

Intimate partner violence (IPV) is a world wide problem. In 90 % of the cases the victim is a woman and in 90% of time the abuser is a man. Globally, it is estimated that one in four women will experience IPV at some time in their life. The seriousness of the issue is more and more noticed. In 1993, The United Nations and the Council of Europe proved an announcement against intimate partner violence against women. (Perttu – Rautava 2002: 5;18.)

Intimate partner violence has increased in Finland over the years as well. One reason is that the issue is more openly discussed than before. (Tuominen 1998: 93.) The Finnish government even accepted an equality programme, in 1997, to prevent violence against women. 40% of Finnish women have faced partner violence in some point of their lives. Every sixth minute a one Finnish woman is a victim of her violent partner (Heiskanen – Piispa 1998: 4-5.) The impact of intimate partner violence varies from person to person, but there is growing evidence that confirms that it does have serious and long lasting effects on the health and well-being of the individual and it can even lead to death (Domestic violence 1998: 2). Every year about 27 Finnish women die as a victim of IPV. That is one woman per every other week (Heiskanen – Piispa 1998: 5).

According to the studies, the services for the victims and also for the abusers are limited in Finland. There was a study made in 1998 by Sirkka Perttu, about how nurses, doctors and social workers feel about their abilities to help the victims of intimate partner violence and what were their opinions about improving their knowledge and coping skills. This study was made by using questionnaires in 7 communities in Finland. The answering ratio was 77. The study showed that the employers were not very capable of recognizing the victims of violence and also they felt that they lack of information about violence and its affects to the victim. The study definitely showed that there is a need of more awareness and knowledge of how to confront intimate partner violence in order to provide a good health care. (Perttu – Rautava 2002: 10.)

Among others, the study made by Sirkka Perttu showed that intimate partner violence occur in every health care facility and in every part of the health care areas. It also showed that Social and Health care professionals do not have sufficient ability to identify and help families who suffer from intimate partner violence. Methods for

identifying and treating partner violence have not been developed adequately (Paavilainen 2005.) There occur problems when identifying the victim, how to intervene and how to arrange extension care (Heikkinen 2001.) For more so, the complaints for instance in an ER do not reflect on a case of abuse. Additionally, often there isn't time or resources to identify an abuse cases. Access to follow-up information and long term care is not available. Problems are also caused by lack of a beforehand-decided protocols, understanding of the issue and lack of education and training, which can lead in to a lack of confidence about how to intervene in possible cases of disclosure. (Perttu 1998: 5.)

In the light of the situation, nurses in all settings need to receive training to improve their awareness of IPV. It is important for them to know about the intimate partner violence in order to give a proper and immediate care.

Thus, the purpose of my bachelor thesis is to find ways of confronting a victim of intimate partner violence in nursing care and methods how nurses can encourage the victim to disclose the abuse.

The aim of this thesis is to increase the health care providers' knowledge concerning IPV and that way help them to provide a quality care.

2. INTIMATE PARTNER VIOLENCE

2.1 What is intimate partner violence?

Intimate partner violence (IPV) is a one part of the phenomenon of violence. It has its own specialized characteristics and areas.

Intimate partner violence applies to any kind of physical, sexual or emotional violence between couple who are in intimate relationship with one another. It can occur with same or opposite sex, couples who are married, engaged or just living together, and also with couples with casual relationship or dating partners. (Husso 2003: 3.) In this thesis I'm concentrating on the hetero sexual couples.

The United Nations defines IPV as:

Any violence that is related to gender and which causes/can cause physical, sexual or psychological suffering- including threatening, forcing or deprivation of freedom. It doesn't matter whether it happened in public or in private life. (Rautava- Perttu 2002: 18).

It is important to understand that intimate partner violence is not just a universal problem but also a matter of one's personal life. IPV usually occurs inside the home and the abuser is the same person who one loves and shares life with. This makes intimate partner violence so special as a crime and as an experience. (Husso 2003.)

However, different cultures and societies see IPV in different light. What is considered an abuse in one culture may be considered normal in another. The status and respect of the culture influences to the attitudes. In western cultures IPV has always been a TABU which has made it to be same kind of secret as alcohol problems and suicides. (Domestic violence 1998: 46).

The abuse of women has a long history. The equality between man and women has always been an issue. The control and power of man over women has prevented women to get equal respect in homes, workplaces and society. Intimate partner violence has always been "a family issue" which is something not to talk about to others. It was said to be the women's shame if they had a violent husband. Divorces were rear and woman who complaint was considered as bad wife and mother (Kuivaniemi 1998). Nowadays IPV is still called "a hidden crime". Most of the incidents are not reported and a huge number of women do not tell anyone of their experiences of intimate partner violence (Domestic violence 1998: 9).

2.2 Types of intimate partner violence against women

There can be numerous kind of violence that can occur. However, in most cases the types of intimate partner violence are categorized as physical violence, psychological violence, sexual violence, spiritual violence, economical violence and latent violence. (See TABLE 1.)

TABLE 1. Types of intimate partner violence (Lehtonen 1999: 36-45)

Physical violence:	
·Pushing	·Strangling
·Burning	·Kicking
·Slapping	·Biting
Psychological violence	
•Verbal abuse	•Jealousy
•Isolation	·Stalking
•Vandalising property	
Sexual violence	
•Forcing to have sex	·Using objects
·Sexual harassment	·Urinating on someone
·Forcing to take part in a pornography	·Forcing to prostitution
Economical violence	
·Forbidden to work and get money of own	
·Using one's money without permission	
· Controlling one's use of money	
Spiritual violence	
·Forcing to follow spiritual beliefs against will	
·Not letting practise religion	
Latent violence	
• Living in constant fear	
· Behave in a way that pleases the abuser	

2.2.1 Physical violence

Physical violence is always easier to see and defying. The marks of pushing, slapping, kicking or strangling can be very noticeable. All though, in many cases the abuser does not necessary cause any physical bruiser to places where they can be seen, such as face

or arms. All the bruises may be located else where in the body. That is how the abuser avoids suspect from the others. (Lehtonen 1999: 37.)

2.2.2 Psychological violence

It is usually the most common form of violence. It means threatening with violence, scaring, constant blaming and calling names, threading to hurt the children, monitoring movements, and any kind of other way that affects to the victims emotions and self-esteem.

The abuser can control the victim in many ways. For example, in one case, the husband put a device in the house that marks all the moves of he's wife so that he could see what she was doing during the day. In addition, another man forced his wife to use a clock card system in their house every time she went out or came back in. (Kuivaniemi 1996.) Psychological violence usually gets worse over time and in most cases it turns from verbal abuse into physical. *"It is like a net, where physical pain, emotional distress and mental suffering are connected to each other"* (Lehtonen 1999: 38). Psychological violence often leads to very serious depression. When one is badly depressed one might feel helpless, can't think straight, self-esteem goes down, one neglect friends and also other people and in worse case might even commit a suicide.

2.2.3 Sexual violence

Sexual violence is a wide term. It often is in connection to the other forms of intimate partner violence. Sexual abuse/assault can be plain sexual comments, harassment, touching without permission, rape, intentionally hurting someone during sex, or forcing someone to have sex without protection etc. In most cases of rape, the rapist is someone close to the victim like a boyfriend or husband. In fact, most of the rapes occur at home. (Lehtonen 1999: 40-42.) Some man can think that it is their right to have sex anytime they want. It doesn't matter whether the woman wants it or not.

2.2.4 Economical violence

It means using someone's money and other property without permission or controlling someone's use of own money (Griffin 2002). When looking back in time, women have

been the ones taking care of home and men the ones earning money and controlling it. Women have been depending on their husbands. Nowadays, however, it is common for women to work and earn money of their own. Economical abuse can be something that the abuser uses to control the woman. Refusing the victim's right to work or attend school has the effect on keeping a victim under the control of the abuser. In that way the woman is dependent on the husband .In some cases, the husband has demand the victim to give all the receipts of the things she has bought to the man and we can only imagine the fear of the victim if she has lost some of the receipts. (Lehtonen 1999: 42-44.)

2.2.5 Spiritual violence

Spiritual violence can be forcing one to follow some spiritual beliefs against one's will. Or on the other hand, it can also mean not letting one to practise any religion issues. Back in days when religion was more visible man often used bible as the reason why they are the ones controlling women. Nowadays, spiritual violence does not exist so much in western societies. (Lehtonen 1999: 39-40.)

2.2.6 Latent violence

Latent violence means that the violence is always present. Living in constant fear of knowing that it can occur anytime is a very stressful situation. Victim often starts to behave in a way that pleases the husband in order to try to prevent the violence. This can lead to living by using the "man's will" and forgetting one's own wishes and needs. (Lehtonen 1999: 44.)

3. BARRIERS FOR LEAVING THE VIOLENT RELATIONSHIP

Why women stay in this abusive relationship? That is a question that many may wonder. It is very difficult for some people to understand why some women stay with or return to live with abusive partners. It maybe difficult for the help givers and the close family members to maintain the sympathy and understanding (Domestic violence 1998: 16). This can lead to a frustration of the helper and easily cause to make the victim the guilty one.

There are many psychological, social and financial reasons why women stay with the abuser (See TABLE 2). Many women often find it difficult to get out of the relationship because of the abusers distress, remorse and promises to reform after having been violent (Domestic violence 1998: 17). This is called the " cycle of violence" which constructs from different phases: the "build -up" phase when the tension is growing and man starts to behave violently, then comes the "impact" phase when every thing explodes and the violence occurs. After that it is time for the "denial" phase when man is underestimating of what he has done and he has all excuses of why it was the woman's fault that the man acted violently. Finally, there comes the "honeymoon" phase when man apologizes and promises that it wound not happen again, and then the cycle starts again. This pattern can be helpful in explaining why many women find it difficult to break away (Domestic violence 1998: 18; Lehtonen 1999: 55).

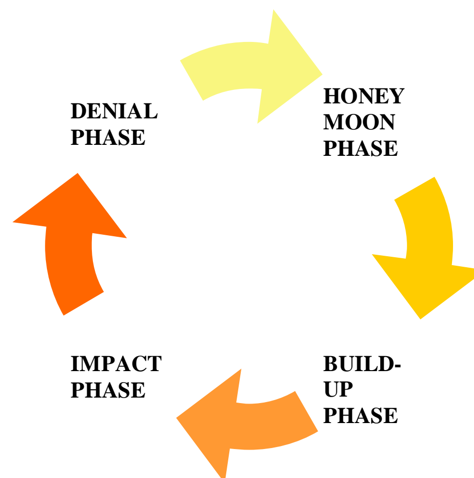

FIGURE 1. “The cycle of violence” (Lehtonen 1999:55)

If thinking about the concrete reasons why woman stay in these abusive relationship, in most cases, fear is the biggest reason for staying (Griffin 2002). The victim is often afraid of the abuser. The past experiences and credible threats from the abuser are enough reasons for her to stay. However, the victim can also be afraid of what the police or the health care professionals might think about them. They are afraid that no one believes them. Unfortunately, in many times the police are sceptical about domestic violence and that is why many women try to avoid contact with them, believing that they cannot or will not help them. (Griffin 2002.)

Dependence on the abuser is also a common reason why women don't leave their violent partners. Dependence can be social, economical, psychosocial or any combination of these phenomenons (Griffin 2002). In many cases the abuser has

neglected the victim of having any contact with her previous friendships or even family members. Therefore, the only person the victim is having contact is the abuser. In addition, often the victim is not allowed to work or study and because of that she often has no money. That creates a huge dependence on the abuser and for some that might be too big barrier to overcome. (Lehtonen 1999: 52.)

Promise of change and happiness is something that many of these women want to hear. The love for the abuser and the dream about good and happy life together can make the victims to forgive the abuse. Often the abuser acts remorseful and apologises, makes excuses and assures that it will never happen again, brings gifts and promises to make up his mistakes. However, only few are able to stop their violence without outside help (Griffin 2002). In fact, many of these abusers use remorse as a tool to manipulate their victims more. For example, so that the victim will not report the crime to anyone.

Cultural differences can also be one explanation. What seems wrong in our culture can be different in another. The line of what is defined acceptable and unacceptable goes based on the cultural believes. In many countries, women are not as appreciated as men and it is normal for them that men have the control over women (Hathaway – Willis - Zimmer 2002). Women from minority ethnic groups may find it difficult to leave because they may find it difficult to get any support against the IPV because of the poor accessibility of help aids such as legal and welfare services. Also the "family honour" can be a cause for not to talk about the violence. (Hathaway 2002.)

Environment, societies, and the values and attitudes of family members and friends may force the victim to stay in their violent relationships (Domestic violence 1998:18).That may also make the victim to hide the problems and feel guilty of not been able to maintain a good relationship. *“If a victim is experiencing feelings of failure related to abuse, she may not feel comfortable confiding in anyone else, preferring to work harder to try and change what is happening”* (Griffin 2002).

When violence has occurred for a long period of time, it is common that the victim no longer have normal self-esteem and courage to deal with the issue. Violence affects to the personal limits of a person and that causes the feeling of safety to disappear and therefore, the victim may feel that she is not safe anywhere. There occur problems of making decision of her own because she has lost the need of own needs and wishes,

Feeling of shame, guilty and not belonging to anywhere can be very distressful for the victim. Children are also often reason to stay. The tough that they need a father may affect for the staying, even though, it is worse for the children to live in a constant fear. Sometimes the victim might even stay because she is worried about the abuser and how he is going to survive. This is often because of the husband's threats to harm himself or even commit suicide. (Lehtonen 1999: 51-52.)

> *"It may not be that the woman wishes to remain within a dangerous Situation but more likely that the alternative may be even more dangerous and uncertain"*
>
> (Domestic violence: a health care issue 1998:18)

The situation when the women seem to leave the violent relationship is often very soon after the first violent attack has happened, when the violence is seen to be affecting the children or when the children are older and independent (Domestic violence, 1998:18). Unfortunally, in many cases violence does not end after the relationship has ended. In fact, in 36% of already ended relationship the man is still abusing the women (Heiskanen – Piispa 1998: 4).

TABLE 2. Barriers for leaving the abuser (Griffin 2002)

WHY STAY?	
· Fear of increasing abuse	**· Fear of no one believing**
· Fear of not surviving alone	**· Financial dependence**
· Remorseful partner	**· Cultural believes**
· Pressure from outside	**· Feel of failure and guiltiness**

4. INTIMATE PARTNER VIOLENCE IN HEALTH CARE

Intimate partner violence is a problem in health care. Not only the problem is itself but it also causes other health problems such as unwanted pregnancies, abortions, traumatic stress, alcohol and drug problems, eating disorders, depression and suicides (Söderholm 1996). It has effects to reflect not only to health care but also to the juridical and

financial side as well. In 1998 the cost of partner violence in these sectors was approximately 50 million euros (Biaudet 2006).

Nurses and other health care professionals play an important role in identifying and preventing public health problems. They have an opportunity to help the victims of IPV as they work in a variety of health and community settings and they often are the first ones, outside the family, to know about the abuse (Johnson – Osattin – Short 1998).

There are number of ways how the providers can help the victims, such as counselling the patient , offering help and security, document findings, or just by being there for them. Being able to do any of these well, requires knowledge concerning the issue and a well developed skills to identify cases of IPV (Robinson – Stinson 2006: 58-62).

The health care professionals have responded to the problem of intimate partner violence by conducting scientific research, designing prevention and intervention programmes and advocating social change (Burke - Draucker 2002).

4.1 Barriers to assess and intervene IPV

According to the previously conducted studies, the biggest barrier for a health care provider to assess and intervene a case of intimate partner violence is the lack of education and training concerning the topic (Robinson – Stinson 2006). The other main problems are identifying the victim, cultural differences and providers' own experiences.

4.1.1 Lack of education

Most providers receive little or even none education and training on how to assess and intervene IPV. Although, there are some efforts to add IPV in to the school curriculum of the health care students, most of them will graduate without having heard about these issues. That creates insecurity, which is why many of the heath care provides are uncomfortable to talk with the patients about IPV. In addition, the lack of knowledge about how to identify and confront the victim leads to avoiding the situations. (Johnson 1998.)

In many cases, another reason for not to ask about intimate partner violence is the feeling of frustration when the woman failures to follow the given advice or change the situation. The process of leaving abusive relationship is a long journey and disclosing the abuse may be one step in this direction. The victim doesn't see the choice being simply staying or leaving the relationship. Therefore, it is essential part of the education of health care professionals to understand the process by which abused women make decisions and support them in their decisions, while trying to increase their safety at the same time. (Johnson 1998.) By knowing how to identify and confront the victim of IPV increases the ability to encourage more women to disclose the abuse and that way give better quality of care (Robinson – Stinson 2006).

4.1.2 Identifying the victim

Identifying a victim of IPV is an essential skill. It is not always easy thing to do. The difficulty in identifying the victims is that the victims rarely report it to anyone and they very seldom seek outside help. In fact, The England's Woman Aid Federation has estimated that it usually takes about 35 violent attacks before the woman reports the violence. It is also estimated that the women usually suffers at least 11 attacks before they try to get help from outside. (Perttu - Rautava 2002 64.)

Another thing that makes identifying hard is that the violence is not always visible. In fact, in most cases the abuser act so that the bruisers are under the clothing and not seen. On the other hand, if there are visible marks of abuse the victim often lies about where they came from. (Perttu – Rautava 2002: 64-66.)

In order to identify a victim the health care professionals need to be alert to patient's repeated visits to hospital because of small "accidents". The medical history gives information on these things and that is why it is important to always document everything. The nurse should pay attention for clients who have a medical history of similar kind of injuries and if the stories of how she got the injury does not match with the bruisers. Often the patient comes to the hospital days after the injury has occurred. For more so, there is also often a husband or a boyfriend with the woman and he wants to be close to her even during examination, so that the woman would not have a chance to say anything. (Perttu 1999: 8-9.)

According to studies, the most common signs that nurse should check for, when suspect a intimate partner violence, are such as pain in the neck and shoulder area, multiple bruisers which have a different healing status, nose and other facial breaks, burn marks, bruises in vaginal area and sings for depression and other psychosomatic symptoms (Perttu 1999: 8-9).

When victims who are exposed to IPV are identified early, the health care providers may be able to break the isolation and help patient to understand the options, live safely and leave the relationship in safe way (Augustyn – Lee – McAlister - Sawires 2002).

4.1.3 Cultural issues

Cultural differences tent to create problems in all shorts of issues. Intervention of intimate partner violence is not an exception. IPV occurs everywhere and people are affected by it regardless of race, ethnicity, religion, class, sexuality or age. IPV is a sensitive issue and that is why nurses should remember to provide culturally sensitive care. They must be able to consider a multiple factors that affect the patient such as language barriers and cultural believes. This creates a barrier in providing the best care possible. In order to offer appropriate and effective intervention the provider must be aware of the personal assumptions, provide culturally relevant interventions, take in to account the specific information about the patient's believes and experiences about the abuse and share relevant information about IPV. In addition, it should always be remembered not to use family members as interpreters when helping a victim who does not speak the same language as the provider. (Augustyn 2002.)

4.1.4 Provider's own experiment

It is often forgotten that the majority of the health care industry staff are women. In that light, many health care professionals have experienced intimate partner violence in their personal lives and are forced to confront their own concerns related to violence as they attempt to help others. (Burke Draucker 2002.) Therefore, it is also important for the health care providers to get counselling and support when needed, in order to manage to deal with these issues (Perttu 1999: 27-28).

Intimate partner violence should be a co-operating issue for all health care professionals. They all have a role to play in identifying the problem and offering help. There should be clear guidelines in all facilities for the methods and plans that are used when caring a patient who is victim of IPV. Influencing to the attitudes, increasing the knowledge and continues education and training of the health care professionals are the important tools in caring of IPV.

4.2 Previous studies

The amount of scientific researches concerning the issue has increased over the years. Most of the studies have been conducted abroad, although there is some good information from Finland also.

Nowadays, more and more of the research studies are made as survey of women's own experiences of the issue. However, it took a long time the get this far. In fact, the first survey made in this way was not conducted until 1993 in Canada. Since then there have been similar kind of surveys made at least in United Kingdom, Australia and USA (Johnson 1998). For more so, the first Finnish survey concerning the issue of IPV was not conducted until the year 1997 (Heiskanen – Piispa 1998:6-7).

These surveys are beneficial when designing interventions against intimate partner violence because the victims and/or survivors of IPV are the ultimate source of information. On the other hand , a little evidence exists about the actual effects of asking the women's experiences concerning the issue and also on how the opinions vary among women living in different circumstances (Johnson 1998.)

The results of the previous studies have encouraged the health care professionals to developed protocols for the hospitals of how to intervene on cases of IPV and many communities have improved the access for the victims to get help by increasing the number of shelters and help lines (Halmesmäki – Pikarinen 2003: 389-394).

Despite the fact that intimate partner violence has captured the attention of the public, social science researchers, and the health care professionals worldwide, it still continues to be an enormous problem that brings suffering and cost to all societies (Robinson – Stinson 2006: 56-62).

5. THE PURPOSE OF THE THESIS AND STUDY QUESTIONS

The purpose of my bachelor thesis is to find ways of confronting a victim of intimate partner violence in nursing care and methods how nurses can encourage the victim to disclose the abuse.

The study questions are:

1. How to confront a victim of intimate partner violence in nursing care?
2. How nurses can encourage a victim of intimate partner violence to disclose the abuse?

6. STUDY METHOD AND DATA

The study method of this thesis was a literature review. Which means gathering information about a specific topic from the most important data-based literature, and analyze it systematically and critically to answer the chosen study questions (Habert – Lobiondo- Wood 2006). The purpose of a literature review is to discover knowledge. The goal is to try to develop a strong knowledge base, which goes far enough to carry it out to educational and clinical practise settings. (Burns - Grove 2005.)

I collected the data by using the online search methods such as Ovid Medline, Pub Med (Medline), Terveysportti, Kuopus and Lehtisetti. I chose to use three criteria in order to narrow down the number of articles and that way find the best ones concerning my topic. The criteria were according to title, research and full text articles.

In Pub Med, I used first search words intimate partner violence, which gave 709 results. Then I added the word screening and that gave me 193 results. I narrowed them down to 19 by selecting according to the title of the article. After that I only chose the ones that were research articles which left me down to 3 articles and two of them were a full text articles. In Pub Med, I also used search words how to prevent intimate partner violence that gave me 26 results, which I narrowed down according to the criteria and that, left me three full text research articles.

Then, I used another medical database called Ovid, where I used the search words intimate partner violence (which included spouse abuse, domestic abuse, battered women and partner abuse) 3839 results and nursing which gave me 258797 result. After combining the words the result was 40 articles. But only two of them were valid after my criteria. I also combined these 40 articles with the word prevent and that gave me 19 results with one valid article. I also used the words journal of emergency nursing (3825) combined with intimate partner violence which gave me 8 articles, from that valid was one article .In addition, I used Kuopus which is the library of the University of Kuopio and from there I found a one good research study made about my topic.

By using these search methods, the total number of proper articles was 9 +1 master's thesis. The articles were published between 1998 to 2006. And they were taken from the journal of general internal medicine(2), American journal of nursing, Nursing research, Journal of clinical nursing, Violence against women, Journal of emergency nursing, Preventing medicine and the Journal of patient education and counselling.

TABLE 3. Data collection method

SEARCH PAGE + WORDS	BY TITLE	RESEARCH STUDY	FULL TEXT
Pub med (Medline) Intimate partner violence (709) + Screening **179**	**19**	**3**	**2**
Pub med (Medline) How to prevent intimate partner violence **26**	**10**	**3**	**3**
Ovid Intimate partner violence(3839) (spouse abuse, domestic abuse, battered women, partner abuse) + Nursing (258797) **40**	**3**	**2**	**2**
Ovid Intimate partner violence(3839) + Prevent (12279) + Nursing (258797) **19**	**4**	**2**	**1**
Ovid Journal of emergency nursing (3825) + intimate partner violence (3839) **8**	**1**	**1**	**1**
Kuopus Parisuhdeväkivalta + päättötyö **2** (Masters thesis)	**1**	**1**	**1**

7. ANALYZE OF THE ARTICLES

After having collected the articles, I organized them in categories according to which study question they answered. I used content analysis as my method to do that, which means classifying words from the text into a few categories chosen because of the theoretical importance. This technique provides a systematic way of analyzing frequency , order, or occurrence of words, sentences or phrases. (Burns- grove 2005: 604-605.)

When using content analyze certain rules most be followed. The idea is to analyze the content so that it answers to the previously chosen study questions. The results from the text are being categorized according to each study question. (Anttila 2000:254- 256.) In the light of that, I decided to present the data by making two descriptive statistics. For that I chose to use summary tables (appendix 1 & 2) for both of the questions. The summary tables included the name of the author and the article, the purpose of the study, the method of the study and the findings. This way it was easier to see what were the things that rise up from the text and which of them were relevant to the study questions.

Since, the whole process of content analysis must be systematic. Therefore, when writing the findings, I organized the results within on the focus of the discovered frequency and importance. Another goal was to write clearly and relevantly to further application. The findings are conclusive recommendations and implications for the future.

8. FINDINGS

The findings of this literature review opened many possible ways of how to confront the victims of an abuse. There also came up multiple ways of how nurses can encourage the victim to disclose the abuse. In this thesis, by confronting, I mean coming face to face with the victim and by encouraging I mean given the victim hope, courage and confidence.

8.1 Ways to confront a victim of intimate partner violence in nursing care

The results from the different articles were similar.
When suspecting that a patient is a victim of intimate partner violence the first thing is to ask directly without hesitations. If the nurse doesn't ask a victim about the abuse, or at least doesn't show some kind of empathy, the victim may feel traumatized again. This discourages her from seeking help the next time. (Shea 1997.)

Although, it is important to ask about the possible abuse, it must be remembered that the survivor has the right to answer yes or no. Pressure is not the way to help. However, a gentle encouragement is usually not seen as offensive. (Hathaway 2002.) Proceeding slowly helps the victim to get her thoughts together. It would be good to give reasons why the nurse is asking about the violence because that would help the woman to be less suspicious about the nurse's intensions. Also, always remember to tell the patient about the confidentiality issues. (Paavilainen 2005.)

Chang (2005) and Hathaway (2002) give some examples of how to ask:

" I noticed you have bruises. I don't want to make you feel uncomfortable, but these look like hand marks. Are you being hurt at home?" (Hathaway 2002)

"Sally, is he hurting you? Are you having problems? If you need help, I have some numbers." Make it personalized".
(Chang 2005)

In addition, it would also be a good idea to present the questions as a part of normal medical history. Chang (2005) points out that it could be a good way to normalize the screening for women and reduce their possible feelings of being judged.

According to Hathaway (2002) the way of asking about the abuse is important. Nurse should be caring, concerned and curious to know. The importance of health care provider's non-judgemental attitude is essential. Paavilainen (2005) adds that being empathic is a part of nurse's essential skills. However, the most important thing is to ask privately. Safety is always a very important thing to remember. The nurse needs to find a quiet and secure place and never ask in front of a husband or a boyfriend. (Yam 2002.)

Sometimes the patient may not have the same language as the nurse. In that case it is essential that the partner is not been used as interpreter. Chang (2005) reminds that it would also be wise not to ask about the abuse during physical examination, when the woman is undressed.

"I don't think that I would like to have discussion about my personal life when I don't have any clothes on." (Chang 2005)

According to Yam (2002) Hathaway (2002), Chang (2005) and Heikkinen (2001), taking time with the patient when asking about the abuse is very important. If the nurse is rushing all over the place the victim may not feel safe enough to discuss about the abuse. Believing the patient and not minimizing what the victim is saying improves the nurse –patient relationship. Don't judge even if the victim decides to stay with the abuser. Nurses should be compassionate and respect the person's values and goals. Smiling and having eye contact, and also being open, honest and relax (Paavilainen 2005).

"Going to a hospital for domestic violence is like going to the sexually transmitted disease clinic. You feel like the doctors look at you like you're dirty or you weren't protecting yourself" (McCauley, 1998).

In many cases the victim has some medical problems such as broken wrist as a reason why she comes to seek health care. When the abuse is noticed it should be prioritized. Put all other things aside and deal with the abuse. Remember to document everything and take photographs if needed. In addition, when documenting it would be best to use the exact words of the patient in case it is needed later. Talk with the patient about contacting the authorities such as police but do not pressure to do anything against will. (Hathaway 2002.)

All the articles (Appendix 1) mentioned the importance of having real and concrete information about where to get help. The health care providers need to be aware of where the helping resources such as safety houses are in their community. Take contact with other health care providers in order to get the best possible care right away. Hathaway, Yam and Shea also reminds that ,especially, when the victim goes back home a follow up calls or visits are in place. Don't just leave the issue open.

TABLE 5. How to confront IPV

·Ask about the abuse	**·Be empathic**
·Do not judge	**·Ask privately**
·Take time	**·Prioritize**
·Remember safety issues	**·Document**
·Give relevant information	

8.2 Methods how nurses can encourage a victim of IPV to disclose the abuse

Early identification is important when caring a victim of IPV. The ideal way would be the ability to identify a woman at risk for violence before it happens. The findings revealed many ways to encourage the patient to disclose the abuse (TABLE 6) and that way receive help.

Most of the articles (Appendix 2) mention the importance of routinely screening patients every year. Asking about IPV from all women even when the woman herself does not volunteer such information is important (Sharps 2001). It should be remembered that IPV comes in all shapes, colours, rich and poor. It is everywhere. *"Don't be fooled by someone who is always happy"*. (Hathaway 2002.).

According to Shea (1997), it would be good to educate the women about normal growth and development tasks that occur across the life so that their expectations for behaviour are realistic and that they understand what normal behaviour is and what is not.

Mc Cauley (1998), Chang (2005), and Hathaway (2002) all mention the importance of providing brochures, information cards and flyers about IPV available to all. Chang (2005) adds that being able to get IPV information without provider's involment allow the victims to maintain a sense of autonomy and address their situation in their own time when they are ready.

"When you see pamphlets there, you can slip it in your purse,...so you have something...when you get that bit of courage to do something..." (Chang 2005).

For more so, it would be a good idea to have IPV posters in the health care provider's office, at the waiting room or in bathrooms, so that the victim are able to see that the issue is ok and important to talk about. The posters could have a checklist of what is abusive behaviour. That may be a way to help the victims to recognize the abuse and understand that they are not alone. In addition, that way the victims can see that health providers are aware of the problem and are interested in helping. (Hathaway 2002.)

McCauley (1998) points out that it is essential for the health care providers to have also the knowledge of the link between abuse and medical illness and to understand the woman's emotions about the abuse. They should always be alert with patient who, for instance, suffer from a mental health problems such as depression symptoms, anxiety-related disorders and also with woman who have alcohol and drug problems.

According to Hathaway (2005) the providers need to have the knowledge about IPV. Yam (2002) also mentions that staffs training by educational sessions are needed. There should also be frequent intervals to maintain the knowledge and skills of the staff and to ensure that the new staff is trained. Yam adds that the best way to do it would be to ask advocates and/or a survivor to be invited to these training sessions so that a real perspective would be got.

All health care facilities should establish and review the institution's policies and procedures about IPV. And all the providers should have the information on where the resources and services are located in their community. In that way it would easier for the health care providers to bring up the issue. (Shea 1997.)

In addition, Shea (19979 highlights the need of advocate programmes, social policies and all kind of ways of making the issue of IPV more public and more open in order to help the victims to disclose the abuse.

TABLE 6. Ways to encourage the victim of IPV to disclose the abuse

·Routine screening	**·Educating women about the issue**
·Providing brochures and flyers	**·Posters**
·Making the issue public	**·Have open seminars**
·Understanding the link between abuse and medical illness	

The findings and the previous studies clearly showed the need for abuse intervention. The experiences and opinions of the victims on the articles used in this thesis highlighted the fact that the health care providers need a better understanding about IPV and the emotion surrounding the abuse, in that way many barriers to discuss about the abuse could be overcome. This was also highlighted in the articles and books that did not fill the requirements for the study data.

The purpose of this thesis was to find information and methods on how to confront and encourage the victims of IPV. I believe that the results of this thesis did answer to the chosen study questions and that way the purpose of the thesis was filled.

9. ETHICAL ISSUES

Nursing research requires honesty and integrity, Ethical issues must be remembered through out the whole process. It starts when deciding a study topic and continues until the publication. (Burns – Grove 2005.)

While doing this bachelors thesis I was obligated to recognize and protect the human rights. The benefits of this thesis needed to be greater than the risks. That is why I needed to think carefully about the possible physical, emotional, social and economical problem factors. Through out the process I came to realize that this topic is beneficial for health care all over the world and since I did a literature review and I was not in direct contact with any individuals the possible risks was minimum.

My topic can be very sensitive issue and that is why it was essential to respect the rights of privacy, anonymity and protection from discomfort and harm. I was obligated not to use any names, locations or any other information that may be a treat to ones anonymity. While doing this project I needed to be careful for not to harm anyone or use any found information against anyone.

Since my thesis is a literature review, I didn't need to ask permissions anywhere except from my instructors. To make this thesis correct I had to choose articles that were scientific and approved. When analysing the articles I used a method that is been used also by others who have done a literature review. According to that, the method is

already been approved. Since I used articles made by other people I was also obligated to quote the source and respect the publication rights of the owner. While writing the theoretical framework and the results I also had to put my own opinions aside and look at the project as a study based on approved facts.

10. VALIDITY

Validity refers to whether the method used to measure the data is accured. When the method is valid, it truly measures what it is supposed to measure. (Burns-Grove 2005.)

Since, my bachelor's thesis is a literature review based on previously completed studies, I have a good base for valid material. When using a summery table as a method for analyzing the collected data , the most validity concerns are related to the sources from which the data was collected. The most valued data is the primary source which means using studies written by the same person who conducted the study. (LoBiondo-Wood 2006) In consideration to that I chose only data-based research articles instead of using literature reviews which were wrote by someone who have previously read and summarized the primary source material.

In addition, for the articles to be valid I needed to know by where , when, why and by whom the document was written (Burns- Grove 2005: 399). Also, since most of the articles were describing the women's point of view, a content analyze was the best method to describe the results. To avoid historical influences I have only used articles conducted within the time limit of less than ten years.

Issues that I found problematic were the effect of language and origin selection of found articles. Since I used both languages Finnish and English, I needed a lot of time and effort in order to be able to translate the text. For more so, the studies were mainly originated in western world and that rice up the problem of generalizing the information to population in different settings.

12. CONCLUSION

Even though, IPV has captured the notice of many people it is still a tabu in our culture. It is still something not to be talked about. The victims are often embarrassed and too

shamed to get help. Constant violence affects their self-esteem and ability to behave and act normally. Therefore, the health care professionals are in key position to help these victims.

Working with issues of violence is a hard work. It is not easy to identify and help the victims. Many things affects on how the health care providers can confront and encourage the victim of IPV in a best possible way. However, the previous studies have showed that the victims and /or survivors of IPV are the best source of information on how the issue should be taken care of.

In addition, there is an obvious need for education and training of the health care professionals. The information gathered from literature review show that the education should all ready start in nursing schools. Knowing, in advanced, what would be the appropriate way to confront and encourage the victims of IPV is an essential key in quality care.

Unfortunately, the results of this thesis cannot be generalized to all women experiencing intimate partner violence. Such things as the lack of information about the race, religion and employment status of the victims, in the found articles ,limits to know whether the advices and attitudes of women from other races and/or ethnic backgrounds differ from those described in this thesis. Also the results may vary among adolescents, elderly people and in same-sex relationships.

Therefore, further studies are required to examine these differences, and also to see how these methods are actually affecting to the patient. However, the most challenging part is to make the research knowledge suitable for the actual clinical settings.

Finally, the aim of this study was to increase the knowledge of health care providers, concerning the issue. I hope that, in the future, the information given in this thesis will be useful for the care of a victim of IPV. Even though, new information was not discovered, I believe that I managed to make this thesis in a form that makes it easier for the providers to get information.

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SUMMARY TABLE

HOW TO CONFRONT A VICTIM OF IPV IN NURSING CARE?

AUTHOR, JOURNAL	PURPOSE OF THE STUDY	METHOD	FINDINGS
Heikkinen, 2001 Master's thesis Kuopion yliopisto	How to improve the ways of helping women who are victims of partner violence	Interview of women who have got help from Viola Ry. 8/15 participated.	· Emotional support · Believing the victim · Not judging · Real information about where to get help · Listening · Asking directly · Don't push help · Give time
McCauley,1998 Journal of General internal medicine.	To explore the attitudes and experiences of abused women about health care.	21 Women, group discussion	·compassionate attitudes · have time · listen · direct questions · information
Chang, 2005 Journal of patient education and counselling.	What advice women who have experienced IPV would give to health providers.	Group discussion + anonymous questionnaires	·Ask directly ·Give reason why you are asking ·Give safety and support ·Provide information ·Remove the partner during medical visit ·Do not use partner as interpreters ·Eye contact ·Smiling, talking slowly ·Don't ask during examination if woman is undressed ·Take time ·Give information ·Be patient ·Do not judge ·Be open, honest and relaxed

Yam, 2002 Journal of emergency nursing	Battered women's perceptions of the ED experiences	Interviews of 5 women. Aged 22-36	·Express compassion ·Have an advocate available · Safety · Listen ·Explore options · Talk WITH the patient · Take time · Give information
Hathaway,2002 Violence against women	To understand how providers can address partner abuse more effectively	Interview of 49 women. Aged 21-81	·Be open · Have time · Confidentiality · Be no offensive · don't pressure to disclose · Prioritize the abuse · Believe the patient · Have knowledge · No pressure · Safety issues · Written documentations and photographs · Don't ask too many details about the abuse · Communication with other providers · Follow up calls

Paavilainen, 2005 Journal of clinical nursing	Describe women's experiences of IPV	Interview of seven women from Dolphins organization.	·Be outspoken, empathic ·Have courage to listen ·Proceed slowly ·Body message as good as verbal ·Ask about the violence without blaming! ·Awareness about the issue

Sharps, 2001 Preventing medicine	Describe health care use in the domestic violence of women in order to identify opportunities to prevent femicide	Structured interviews	Not suitable for this study question
Nicolaidis, 2003. Journal of general internal medicine	To exam lives of women with IPV and to get aids to predict and prevent the abuse.	Interview of 30 women aged 17-54.	Not suitable for this study question
McFarlane, 2006 Journal of nursing research	To assess the comparative safety behaviours and extent of violence following two levels of intervention.	A clinical trial with 360 abused women	Not suitable for this study question
Shea, 1997 American journal of nursing	Breaking through barriers of domestic violence intervention	Nurses experiences	Not suitable for this study question

HOW NURSES CAN ENCOURAGE A VICTIM OF IPV TO DISCLOSE THE ABUSE?

AUTHOR, JOURNAL	PURPOSE OF THE STUDY	STUDY METHOD	FINDINGS
Sharps, 2001 Preventing medicine	Describe health care use in the domestic violence of women in order to identify opportunities to prevent femicide	Structured interviews	-Alert with patient who suffer from mental health problems such as depression and anxiety. -Ask about IPV even woman does not volunteer such information -Early identification -Supportive education for providers -Ongoing support for the patient -Routinely screening
Shea, 1997 American journal of nursing	Breaking through barriers of domestic violence intervention	Nurses experiences	-All should establish and review the institution's policies and procedures about ipv. -Know where the resources and services are in your community -Identify woman at risk for violence before it happens -Educate women about normal growth and behaviour -Teach conflict resolution skills -Monitor and support media about depict violence and it's consequences responsibly and realistically -Advocate programmes and social policies that prevent violence. -Maintain hope in the face of setbacks

McCauley, 1998 Journal of General internal medicine	To explore the attitudes and experiences of abused women about health care.	Group discussion of 21 women	-Have the knowledge of the link between abuse and medical illness. -Understand the women's emotions about abuse -Asking routinely about abuse. -Having brochures and posters about IPV
Nicolaidis, 2003. Journal of general internal medicine	To exam lives of women with IPV and to get aids to predict and prevent the abuse.	Interview of 30 women aged 17-54.	-Seek abuse for all women. -Really "look" at patient. -Any small suspicion about IPV- give quids to helping resources. -Safety -All victims of IPV should be educated about the risk of femicide
Chang, 2005. Patient education and counselling.	What advice women who have experienced IPV would give to health providers.	group discussion	-Provide brochures, information cards and flyers.
Yam, 2002 Journal of emergency nursing	Battered women's perceptions of the ED experiences	Interviews of 5 women. Aged 22-36	-Information available to all. -Staff training. -Educational sessions for staff members -Frequent intervals to main the knowledge. -Ensure that new staff are trained -Advocates and/or a survivor can be invited to training sessions.
Hathaway, 2002. Violence against women	To understand how providers can address partner abuse more effectively	interview of 49 battered women aged 21-81	-Have posters and brochures. -Providers need to have knowledge about IPV -More talk in public.

McFarlane, 2006 Journal of nursing research	To assess the comparative safety behaviours and extent of violence following two levels of intervention.	A clinical trial with 360 abused women	Abuse assessment and referral is the best way to reduce reported levels of violence.
Heikkinen, 2001 Master’s thesis Kuopion yliopisto	How to improve the ways of helping women who are victims of partner violence	Interview of women who have got help from Viola Ry. 8/15 participated	Not suitable for this study question
Paavilainen, 2005 Journal of clinical nursing	Describe women’s experiences of IPV	Interview of seven women from Dolphins organization.	Not suitable for this study question