

connection

SIGNS OF DOMESTIC VIOLENCE

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Domestic violence is the leading cause of injury to women in the United States. Every 12 seconds, a woman is beaten. According to the American Institute on Domestic Violence, 1,232 women are murdered each year by a former or current significant other. The CDC estimates that 37 percent of women who sought emergency department care were victims of domestic violence. However, in one study, almost 80 percent of physicians identified fewer than five victims in the past year.

The patients who present with facial trauma or other traumatic injuries that apparently are from an assault are easier to identify as

domestic violence victims, but not always. Frequently, the victims are hesitant to provide detailed information. Although emergency nurses are required to screen for domestic violence, the new trend of family-centered care provides little time to screen patients in private. Seventy percent to 81 percent of patients studied in four different studies reported that they would like their health care providers to ask them privately about domestic violence.

Domestic violence victims are more likely to seek treatment for chronic and psychological conditions. These patients are less likely to be screened for domestic violence. The stress of

physical/emotional abuse has been linked to many chronic conditions such as: chronic pain, fibromyalgia, frequent migraines and abdominal and gastrointestinal complaints. Domestic violence victims also have a higher rate of psychosomatic conditions, suicide attempts and substance abuse problems.

Each year, 324,000 pregnant women are battered by their intimate partner. "In a household survey, it was found that pregnant women are 60.6 percent more likely to be beaten than women who are not pregnant. Violence is cited as a pregnancy complication, more often than diabetes, hypertension or any other complication (Battering and Pregnancy, *Midwife Today*, 1998)." When providing care to our pregnant patients, emergency nurses should heighten their assessment skills for signs and symptoms of abuse. The pregnant patients who are at higher risk are those with unintended and teen pregnancies, who delay prenatal care, who smoke, drink alcohol and abuse drugs.

In the fast-paced ED environment, how do we properly screen these patients? All discussions must occur in private without other family members or significant others present. Ask direct, kind and non-judgmental questions and document your findings. For example, "Many women experience some form of violence in their home. I am here to listen, and I may have some suggestions to help. What happens when you fight at home? What happens when your partner is angry?" or "I noted you have a number of bruises. How did this happen? Did someone hit you?"

You also can promote access to community services. Bathrooms are excellent places to post information that patients can privately review and see how to obtain resources. It also is important to remember that 5 to 10 percent of domestic violence victims are men; these individuals are rarely screened and, due to a societal stigma, often do not self-report.

Evidence suggests that victims of domestic violence are more likely to seek outside intervention or leave their abusers when they perceive themselves as having resources and options for ending the relationship. An emergency nurse may be the first or last person to whom the victim reaches out. Although these are emotionally difficult conversations, you could be the one to save a life and stop the cycle of violence.

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