

REVIEW**THE ROLE OF NURSES IN TREATING PERSONS EXPOSED TO VIOLENCE**

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ABSTRACT:

Violence is a dangerous phenomenon which has become of public concern. The purpose of the present review is to explore the literature about the role of nurses in treating persons exposed to violence. Little studies have addressed this issue. In general, studies showed crucial roles of nurses in cases with violence. The main concern was for women and children. Nurses are involved in designing intervention programs, assessment of violent cases, and following up the patients. In conclusion, the present study showed that nurses have various roles in health settings and other settings in which individuals, who are exposed to violence, are assessed particularly women and children. Nurses can effectively participate in implementing intervention programs.

KEYWORDS: Nurses, violence, intervention programs

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INTRODUCTION

An overview of violence

Violence occurs in different settings as work and its definition involves physical assaults and/or threats of assaults against individuals at work^{1,2}.

Health workers are at high risk for non-fatal violence as reported by several studies³⁻⁶. An American study reported that non-fatal annual assault rate was estimated as 465 per 100 000 hospital workers in comparison with 82.5 for all workers³.

Nurses constitute significant proportion of health workers and they are exposed to violence as reported through several epidemiological studies⁷⁻¹⁰.

In addition to physical sequences of exposure to violence, the risk of psychological influences that may end with depression has been reported in various studies^{11,12}.

Roles of nursing in handling persons exposed to violence

Sundborget al¹³ conducted a study in the light of having high influences of intimate partner violence (IPV) on the health of women. The study aimed to evaluate the extent of which nurses are prepared and providing nursing care to women exposed to IVP in health care settings. Study findings showed the need of nurses for organizational support such as guidelines, collaboration with colleagues, and knowledge about the extent of IPV. The results also showed that about 50% of nurses asked women exposed to violence about this event, particularly when physical injury is involved. Nurses encountered some difficulties in asking and identifying violence and arranged an appointment with a physician.

It has been estimated that up to 3.6 million women in the United States are exposed to violence by their intimate partners yearly¹⁴.

Intervention programs

Intervention programs to combat violence against women have been designed in which nurses have important roles¹⁵.

One of the intervention programs is one called "Reclaiming Our Spirits (ROS)". This program is established on a theory-based health promotion intervention (iHEAL), which its primary findings suggested good findings in feasibility studies. ROS involves a significant role of a registered nurse in all phases of implementation¹⁵.

According to study of McFarlane et al¹⁶, the regular prenatal care nurse was used for a face to face oral inquiry, nurses were involved and assessed violence through asking in each visit, and they used the Abuse Assessment Screen to collect data about violent events.

Waalenet al¹⁷ showed that there are similar barriers for screening IPV among health care providers including nurses. In another study, McFarlane et al¹⁸ conducted a study to evaluate the efficacy of an intervention program to combat violence against women exposed to violence. The results showed that nurse case management effectively reduced violence. McFarlane et al¹⁹ conducted a study to test a telephone intervention to increase the "safety-promoting behavior" of abused women. The involvement of nurses in this intervention program minimized the cost of its implementation.

Walton-Mosset al²⁰ reported that nurses can do a very important task in addressing IPV through asking all women about violence exposure. The authors put stress on the consideration that asking about violence should be privately and it is possible to occur in prevention-related visits including, but not restricted to, visit for assessing trauma, and chronic problems visit for follow-up purposes. If privacy is not affordable, nurses can use the rest room for asking questions.

The frequency of IVP related questions should not be occurred for one time, but at least once per year or when IVP is suspected. Nurses should make focus on behaviors rather than using the terms of violence or abuse because of possible having different interpretation²⁰.

The main questions that a routine assessment by nurses should include information about:

- If the woman feels safe in her relationship.

- If she has been forced to have sex by any one, if yes, who? And if she has currently any type of contact with him.
- If she has been ever exposed to any violent action by any person such as hit, slap, or kicking. If yes, who? And if she retains current contact with him²⁰.

Following the history taking of IPV, the nurse should assess the experience of a woman and her fears. The prime concern is to immediately assess her safety, and if she return home safely. Another important role to be adopted by nurses is about legal frames so that nurses should be aware of laws in relation to reporting when it is required or not. Nurses also should help women in making safety plan²⁰.

Another role of nurses in treating persons exposed to violence has been reported particularly children. Nurses in this context can have an important role in recognizing, responding to, and supporting maltreated children. Nurses should be recommended to observe the appearance of a child as well as his behavior, and to find out for signs of physical or emotional abuse. If a nurse has suspects for an abuse, an explanation from the child has to be explored employing an open and sensitive way in addition to consulting an expert such as a community

pediatrician. Nurses should try to collect information from other sources in addition to see the child again in the future. If nurses find an evidence of child abuse, nurses have a crucial role in immediate referring them to social services.

Nurses have a very important role in developing a good relationship with the family including the mother and other members to offer care for their children. Nurses can help mothers in reviewing the history of their children and to help mothers to take a proper decision in how to care about their children. Nurses at school have an important role in identifying children who have been abused or are at risk of abuse²¹.

Nurses have a role in health organizations that should have to set up safeguarding children procedures in place, and to name a safeguarding children's nurse with full contact details. Nurses should be qualified and trained to cope with the required needs²¹.

CONCLUSION: The present study showed that nurses have various roles in health settings and other settings in which individuals, who are exposed to violence, are assessed particularly women and children. Nurses can effectively participate in implementing intervention programs.

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