IMPACT OF VIOLENCE ON THE MENTAL HEALTH OF WOMEN

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Abstract
Background: The contribution deals with the topic of violence on the mental life of women. It focuses primarily on the risk factors that are very important in prevention of violence on women.
Aim: The research aim is to provide enough information to health professionals who can use them when working with a female patient that was subjected to violence. The effectiveness of the help from the side of healthcare professionals is of a great importance. Similarly the prevention and intervention in the contact with a female patient who was subjected to violence can also have a significant impact on the quality of her life.
Sample: The research sample consisted of nurses employed in outpatients or in institutional health care. To obtain research sample, we proceeded with the deliberate choice. The workplaces were diverse but the condition was a medical facility. 50 (50%) respondents of the total number of 100 (100%) respondents, were in outpatient care and 50 (50%) respondents in institutional care.
Results: After we analysed the results in the comparative group of respondents – the nurses that worked in outpatient and institutional care, we have come up with some interesting research findings. The nurses in both groups described violence as the most common form of physical violence, and they reported alcohol to be the most common cause of violence. Nurses from outpatient care were able to better identify the signs of violence than nurses in institutional care.
Conclusion: Society and individuals tolerate violence against women or they trivialise it. Violence is firstly all about us and everybody is responsible for stopping the violence and to provide the necessary help to the women that were subjected to violence and their children.

Keywords: Violence. Risk factors. Mental health of women. Domestic violence. Tired women. Help to women

1 Introduction

To understand the problem of violence on women it is necessary to define it. World Health Organisation – The universal and official definition of violence against women by WHO was published in the United Nations Declaration on Violence against Women adopted in 1993 by the United Nations General Assembly. Article 1 reads that "the term "violence against women" refers to any gender-based violence that leads or could result in physical, sexual or mental harm or injury on women, including threats of such acts, intimidation or arbitrary limitation of liberty, in public or private life." [1]. Article 2 of this Declaration specifies the forms of violence against women and girls, such as physical, sexual and mental violence occurring in families, within a wider community and violence perpetrated or supervised by the state, and specifies the types of violence involved [1].

2 Research problem

The research problem was stated in regard to the theme: "Impact of Violence on the Mental Health of Women."

3 Research aims

1. Find out with what forms of violence nurses encounter in nursing practice.
2. Identify the causes and risk factors of violence in a particular woman who was subjected to violence.

4 Data and method

The basic data of our research consisted of nurses employed in outpatients or institutional healthcare. After we obtained the research sample, we proceeded with a deliberate choice. Out of the many professions that engage in gender-based violence, we selected healthcare professionals and nurses – women. The age category of women was established from 20 years of age onwards. In addition, we provided basic information on the education and workplace of where nurses worked. The workplaces were diverse, the condition was a medical facility. Of the total number of 100 (100%) respondents, 50 (50%) respondents were in outpatient care and 50 (50%) respondents were in institutional care work.

To collect the data to meet the research objectives, we used a questionnaire that was designed by ourselves, was anonymous and voluntary. We distributed 100 questionnaires. Half of the questionnaires (50%) were distributed to nurses in outpatient healthcare. The second half (50%) of questionnaires were distributed to health professionals that worked in institutional health care. At the internal, surgical, gynaecological and post-natal departments, we distributed questionnaires to nurses. We did not deliberately select individual departments. The results of the research were processed by quantitative analysis.

5 Results

Violence against women is at odds with the fundamental rights of women, such as dignity, access to justice and gender equality. Based on the FRA report – the European Union Agency for Fundamental Rights 2014, which carried out a pan-European survey on violence against women based on the interviews conducted with 42.000 women in 28 European Union Member States (EU), it follows that every third woman became the victim of physical and / or sexual violence after she reached the age of 15, each market has become a victim of persecution.

In the aim number 1, we have identified the most common cause of violence in a woman who has been subjected to violence.

According to a European Violence Survey on Women in 2014, about 31% of women experienced one or more attacks of physical violence, based on the research findings. The most frequent forms of physical violence include punching or sucking, skipping, catching or pulling a woman's hair [2,3].

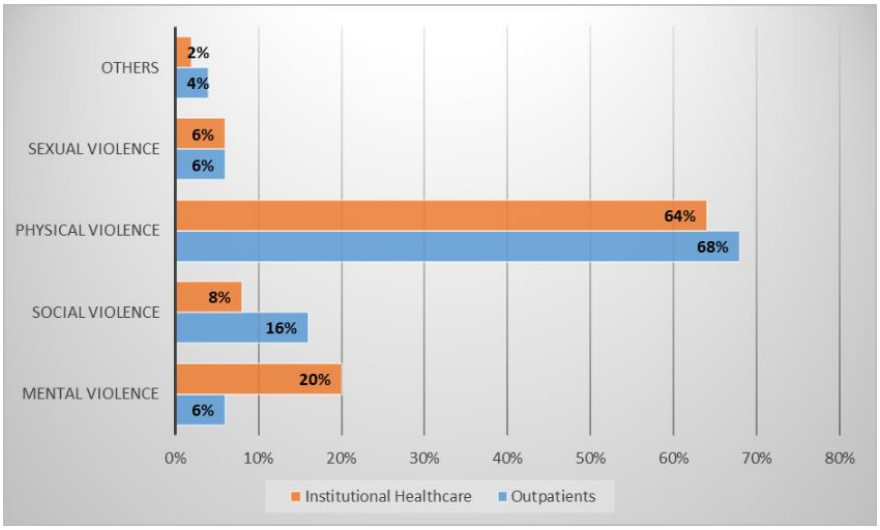

Figure 1 The most frequent forms of violence

Based on our research results, we found that 68% of the outpatient respondents and 64% of respondents from the department have indicated that the most common form of violence against women is physical violence. Social violence was reported by 16% nurses from outpatients and 8% nurses from institutional care. The most common form of psychological violence was reported by six 6% nurses from outpatients and up to 20% nurses from institutional care. Sexual violence as the most frequent form of violence and was reported by 6% of nurses from outpatients and the same number (6%) of nurses from the institutional care. In the latest opinion 4%, nursing nurses reported the combination of physical and psychological violence and 2% nurses in the institutional care reported the combination of physical and sexual violence as the most frequent form of violence.

Although our results did not show the high degree of mental violence as compared with the results of the FRA, we can say that mental violence from the partners is very widespread and must be acknowledged due to the effects it causes. The results of the FRA 2014 research results indicate that two out of five women 43% experienced some forms of mental violence by the partner. From mental violence 25% women experienced depreciation or humiliation by the partner, 14% of women said that the partner threatened to hurt them physically and 5% of women indicated that their partner forbidden to leave their home, took them car keys and locked them.

Women who have experienced violence have been persecuted for more than 2 years. As with physical and sexual violence, emotional and psychological consequences of persecution may be long-lasting process. As a result of the violence from the side of a partner, women have long-term psychological consequences such as depression, anxiety, panic attacks, loss of self-confidence, vulnerability, sleep disturbance [2]. In order to find out what the most common cause of violence is, graph 1 indicates that the most common form of violence from the nurses´ perspective is definitely physical violence. It was ranked by up to 68% nurses in outpatients and 64% in institutional care. The violence also includes a whole scale of further aggression aimed at gaining power over the woman and gain control over her. There are several types of aggressive behaviour, which are usually illustrated in the graph 1. This diagram indicates how emotional abuse enhances and promotes physical and sexual violence. In the centre of the circle there is put power and control, which is the aim and result of violence and abuse.

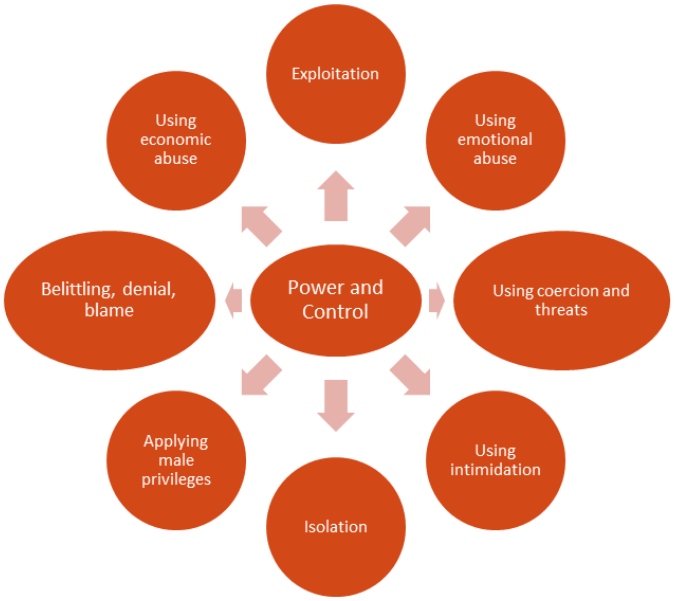

Figure 2 Power and Control - Duluth model [3]

In the aim 2, we identified the most frequent cause of violence on a woman.

The forms of family violence are diverse. Violence usually breaks out when verbal argumentation is not enough to solve the conflict. According to Gilchrist [4], the violence against children is a factor of the violence caused by a parent, parental problems, a high level of interpersonal dependence and jealousy, attitudes that tolerate domestic violence, and finally the lack of empathy. Alcohol is reported in more than 60% of women, almost half of the sample was alcohol-dependent Knight [4].

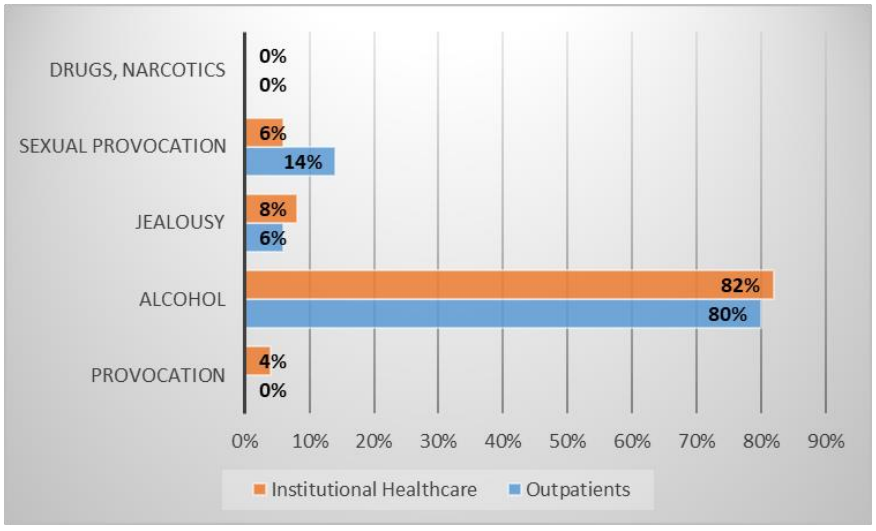

Figure 3 The most frequent reasons of violence

Our results have also highlighted the fact that alcohol is the most common cause of violence for 80% of nurses in outpatient care, similarly 82% nurses from institutional care. The provocation as a cause of violence was indicated by 4% nurses from the institutional care, and no one in outpatients considers provocation to be the most common form of violence. Jealousy was reported by 6% of nurses from outpatient care and by 8% nurses from institutional care. The sexual undertone selected 14% nurses from outpatient care and 6% nurses from institutional care. Drugs and narcotics were not considered to be the most common cause of violence. There was no option for nurses to choose that.

Mental violence generally means an attack on the emotional state of a female persons. Such attacks can take the form of humiliation, defamation, criticism, slander or bullying. Mental violence involves emotional and verbal abuse of a woman resulting in mental or physical harm.

"Violence and Women" is a fairly discussed issue today that concerns both the social and legal spheres. Violence in general, as a socially undesirable phenomenon, accompanies mankind from time immemorial, whether in the form of wars, power and political conflicts and others [5]. Breaking the right to life and its protection, the right to a dignified life, the integrity of the personality, the right to protection against inhuman and degrading behaviour, and the right to assure physical integrity against physical assaults and to ensure the person's inviolability from psychological pressure, is the essence of all violence. Fundamental human rights guaranteed by the Constitution of the Slovak Republic and as resulting from the Charter of Fundamental Rights and Freedoms, the Universal Declaration of Human Rights. To identify violence in the family where addiction is present is a common phenomenon. Most often, it is the psychological violence that is caused by the family-focused burden that takes over the roles and responsibilities of the addicted person himself. Psychic violence occurs primarily in partner relationships where one of the partners is addicted [6]. A large number of women suffer from post-traumatic stress syndrome, which is manifested by insomnia, loss of confidence and self-confession or bad memories [7]. Straus and Walker first introduced the concept of a tortured woman syndrome that brings a number of diverse expressions such as escape and return to the aggressor, as well as the report and subsequent withdrawal of the criminal notice; fears of the aggressor and his reactions; physical, mental, emotional, or moral exhaustion of a woman; the appearance of a continuing relationship; reverence for dishonesty; fear of losing children; the reduction of the contact with outside environment; fear of loss of economic security and social level [8]. Women experiencing violence usually exhibit certain signs that suggest they are threatened by aggressive behaviour on the part of men. These characters can also help the public to detect violence.

In the aim 2, we also identified, in addition to the causes, the risk factors – the signs of violence in a woman.

In general, domestic violence is one of the most widespread forms of violence on a woman at all. The impact is not, in essence, exceptional for violence as such, but rather for the circumstances in which it has been committed and which, in many cases, are very serious. In any case, domestic violence has a wide range of victims and aggressors, many different characters, forms, and various forms of acts of violence. It is therefore not easy to break down the violence committed on the woman [9]. It is not always easy to recognise violence, especially for the less visible forms of violence. Even women who survived or possibly experience various forms of abuse do not always evaluate them as violence. One explanation may be that we have learned to consider certain ways of violence as a norm. The recognition of violence and vulnerability to the forms of violence are important to assess the extent of violence and the great danger it represents to a woman abused by violence [10].

Based on our survey, we have come to the following results. Of the total of 50 (100%) of outpatient respondents, the nurses indicated the following, signs of violence, which should be taken into account by a woman on whom the violence is committed. All nurses 50 (100%) identified the following risk factors: hematoma, mental condition, worries about their lives, contact responses. 84% of nurses said they should notice mental changes. To any injury 52% of nurses would pay attention. 96% nurses have also labelled risk-appealing views. 50 (100%) respondents from institutional care identified all of them as risk factors for gender-based violence, hematomas, concerns about their lives, and responses of women to contact. Mental changes marked 94% nurses as a risk factor. Any injuries to the woman were identified by 72% of nurses. 22% nurses identified a fractured accident. Serious attitude as a risk factor of violence on the woman was identified by 98% respondents and satisfied views were identified by 68% nurses.

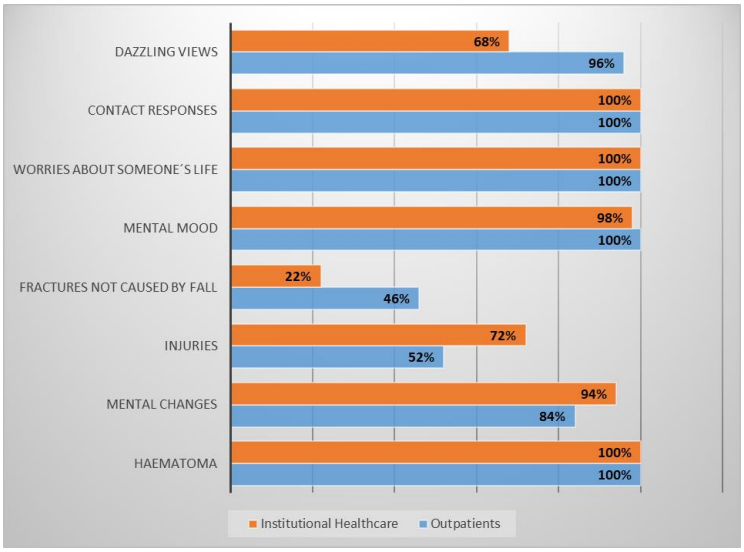

Figure 4 Symptoms of violence

In outpatient care, the nurses clearly recognised the signs – the risk factors of female violence that were much easier than nurses from institutional care. In the figure 4 it is obvious that the risk factors – signs are better identified by outpatient care nurses than by the nurses from institutional care.

The possibilities of getting help to intervene against the violence on women are not sufficiently well known. Women are often afraid that nobody will take them seriously, while people in the circle of people who can help do not know what they can do specifically for a woman. Nurses that meet women in outpatients, hospitals and other healthcare facilities have their first contact with these women who were subjected to violence. The healthcare system has very good assumptions not only to identify violence but also to provide assistance to women and the possibility to recommend them other forms of assistance or offer them solutions. For women exposed to violence, it is very difficult to start talking about their situation and only some of them turn to the authorities. However, many healthcare professionals do not know how to respond appropriately, how to ask women about her situation, what they can do for her to prevent violence and help her. Women, for example, often do not mention the true cause of physical injury, their mental and psychosomatic problems, most often because they are afraid of aggressor. They are afraid that the information they say might be published, and then the violence on partner´s side would become more intense. They may also be ashamed to talk about their problem. That is why it is important for the nurses to have sufficient knowledge of this issue, to be able to respond appropriately and emotionally and to provide adequate support for women [11].

6 Conclusion

One of the priority tasks in healthcare for women within the European Health Strategy for the 21st century is the search for domestic violence and assistance to women who have been subjected to violence and, of course, to their children. All concerned health professionals should take this important responsibly and, within their competence, should help women to live without violence – they right to live without that [11]. Nurses have very many possibilities to recognise violence and provide assistance in a timely manner. Especially nurses are the part of any healthcare that patients are going through. When ordering deadlines, when reporting names and contacts, they often write the first data with the client, helping with the regular use of medicines. They often see as the first, the change in health condition of a patient. They have many options for timely recognition of violence and consequently can prevent patients from further expansion. From the point of view of victims, they have difficult and most difficult position of victims of domestic violence for whom a mental illness is diagnosed. This group of women is the most vulnerable within the problem of violence against women [12].

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