Review Notes

Chapter 25: Violence and Human Abuse

I. Definition. *Violence* is generally defined as those nonaccidental acts, interpersonal or intrapersonal, that result in physical or psychological injury to one or more persons. Violence is a public health problem that has emotional and physical effects. It remains unclear whether violence stems from an innate aggressive drive or is primarily learned behavior.

II. Social and community factors influencing violence

A. Work. Work can be fulfilling and contribute to a sense of well-being. However, some jobs can be repetitive, boring, and lack stimulation. Also supervisors may be difficult to work for. Adults often go home feeling physically and psychologically drained, setting the stage for family violence. Unemployment can also precipitate violence because of feelings of inadequacy, guilt, boredom, dissatisfaction, and frustration. Young minority males have the highest rates of unemployment in the United States. This group also has the highest rate of violence.

B. Education. Schools have assumed many responsibilities traditionally assigned to the family, such as sexual development and discipline. However, in large classes, isolation is often the primary method of dealing with children who do not conform to norms of expected behavior. Corporal punishment is still used in some schools and may only reinforce the child’s tendency to strike out at others.

C. Media. The media can indirectly lead people to choose violence. The media often portray people as happy and fun loving, with all the wonders money can provide. This may serve as a source of frustration to people who cannot achieve these things. The media also portray the world as a violent place and sanction violence when the good guys conquer the bad guys. By the age of 18, the average child has seen 1800 murders and countless acts of nonfatal violence on television. However, the media can be a powerful force for increasing awareness of various forms of violence and what can be done to address them.

D. Organized religion. Churches can meet many human needs, such as the need for stimulation, a sense of value, belonging, closeness, and worth, as well as the need for power. Religion generally teaches nonviolent conflict resolution. However, a contradictory relationship often exists between abuse and religion. For example, some religious groups uphold the philosophy of “spare the rod and spoil the child,” and others uphold victimization of people by their disapproval of divorce. Churches have been slow to recognize domestic violence, but some changes are taking place. Some church groups are addressing the issue of male domination over women. Clergy need to be taught about the nature and dynamics of violence in the family.

E. Population. A community’s structure can influence the potential for violence. The potential for violence tends to increase among high-density and poor populations. Communities with a sense of cohesiveness may have a lower crime rate than areas of similar size that lack unity among individuals.

F. Gangs. Youths, especially those who are poor and uneducated, try to deal with their feelings of powerlessness by joining or forming gangs. The gang can provide a way to belong. Gang members may become involved in crime to release frustration or as part of their accepted group behavior. The potential for violence also tends to increase among highly diverse populations, with differences in age, ethnicity, socioeconomic status, religion, or other cultural characteristics disrupting community stability.

G. Community facilities. Recreational facilities and spectator sports provide socially acceptable outlets for a variety of feelings, including aggression, anger, and frustration. However, viewing physically aggressive sports can encourage a sense of violence as participants hit or shove one another.

III. Violence against individuals or self

A. Homicide. Homicide is the eleventh leading cause of death in the United States. Only 13% to 15% of all homicides in the United States are committed by strangers. The vast majority are carried out by a friend, acquaintance, or family member during an argument. Homicide in families is often preceded by abuse of a family member. An alarming aspect of family homicide is that small children often witness the murder or find the body of a family member. These children are at risk for emotional turmoil and becoming involved in violence themselves.

B. Assault. Sometimes quick response time and good emergency transport and treatment facilities can mean the difference between assault and homicide. The same community measures used to address homicide are useful to combat assault. The emotional trauma resulting from a violent attack often compounds the physical health problems, and nurses must address both.

C. Rape. Rape is one of the most underreported forms of human abuse. Only a third of victims report rape or sexual assault to a law enforcement agency. It is important to recognize date and marital rape. The majority of violence against women is intimate partner violence. For reported rapes, cities constitute higher risk areas than do rural areas; the hours between 8 pm and 2 am, weekends, and the summer are the most critical times.

1. A first step in intervening in the incidence of rape and treatment of rape survivors is to change and clarify misconceptions about rape and survivors of rape. Rape is a crime of violence, not a crime of passion. The underlying issues are hostility, power, and control rather than sexual desire.

2. During the act of rape, victims or survivors are often hit, kicked, stabbed, and severely beaten. This violence traumatizes victims because of the fear for their lives, as well as their helplessness, lack of control, and vulnerability.

3. When working with rape survivors, nurses need to help them talk about the issues behind any apparent self-blame.

4. In any psychological trauma, the right to privacy and confidentiality is essential. Physical assessment, examination, and debriefing should be done by specially trained providers, such as a sexual assault nurse examiner.

5. Rape is a situational crisis for which advance preparation is rarely possible. Therefore nursing efforts are directed toward helping victims cope with the stress and disruption of their lives caused by the attack. Many rape survivors need follow-up mental health services to help them cope with the short- and long-term effects of the crisis.

D. Suicide. The risk for death by suicide is greater than it is by homicide. Although women attempt suicide more than do men, rates of completed suicide are higher for men. Boys and young men between 15 and 24 years of age are much more likely to commit suicide than are females of that age. Leading risk factors for adolescent suicide are depression, severe stress, incest, sexual and physical abuse, and increased access to firearms. An important risk factor for adult women is spousal abuse. Nurses can be involved in a coordinated response to the prevention of suicide and the care of attempted suicides. Nursing care must also focus on family and friends of suicide victims because they may be affected.

IV. Family violence and abuse (includes sexual, emotional, and physical abuse). The three forms of family violence and abuse tend to occur together as part of a system of coercive control.

A. Development of abusive patterns. Several factors characterize people who become involved in family violence, including upbringing, living conditions, and increased stress. The most predictably present characteristic is previous exposure to violence. Many abusers were themselves victims of or witnesses to family violence. Children raised by parents with unrealistic goals or who were critical and denied affection grow up feeling unloved and worthless. They tend to have hostile personalities and be aggressive. A perceived or actual crisis often precedes abuse. Stressful life events, poverty, and the number of small children in the home are often associated with family violence. Family social isolation or lack of contact and interaction with people outside the household is also associated with family violence.

B. Types of family violence. Various forms of family violence often occur together. If child abuse is suspected, the nurse should also assess for spouse or elder abuse.

1. *Child abuse* is the physical and emotional abuse and neglect of children. *Physical abuse* refers to the extreme episodes of burning, beating, branding, or kicking. Emotional abuse includes extreme debasement of a child’s feelings. Many children are also sexually abused. The presence of child abuse signifies ineffective family functioning. Children are frequent victims of abuse because they are small and relatively powerless in the family. Abusive parents often have unrealistic expectations of a child’s developmental abilities. They tend to have little involvement with and show minimal warmth toward their child.

a. Indicators of child abuse. Symptoms of child abuse include unexplained injuries, passive neglect, or malnourishment. Victims of abuse may perform poorly in school, become truant, or be hostile and aggressive. Stress from abuse can be displayed by hyperactivity, withdrawal, overeating, or vague physical complaints.

b. Child neglect can be physical or emotional. Physical neglect is the failure to provide adequate food, proper clothing, shelter, hygiene, or necessary medical care. Emotional neglect is the omission of basic nurturing, acceptance, and caring essential for healthy development.

c. Child abuse also includes sexual abuse. Approximately 1 in 4 girls and 1 in 10 boys will be subject to sexual abuse by the time they are 18 years of age. The child generally knows the abuser, with between one-half and one-third of all sexual abuse involving a family member. Father-daughter incest is the type of incest most often reported.

2. Abuse of female partners. Violence against female partners is more prevalent than other forms of violence, has a greater potential for homicide, and has more serious long-term consequences and effects on children in the household. Abused women tend to exhibit low self-esteem and depression. They have more physical problems than do other women. Initially, women try to minimize the seriousness of abuse as it escalates over time. Women may blame themselves for provoking the abuse. They try to hide the abuse because of the stigma attached. Some women live in fear for their lives. A nurse encountering abuse must consider the safety of the woman and her children as the priority.

3. Abuse of the elderly. This includes emotional, sexual, and physical neglect, as well as physical and sexual violence, financial abuse, and violation of rights. The elderly are abused with regard to shelter, clothing, nutrition, physical and safety needs, and emotional needs. Roughness in handling elderly people can lead to bruises and bleeding into body tissues because of the fragility of their skin and vascular systems. Abuse also occurs when caregivers impose unrealistic toileting demands and ignore their special needs. Confused and frail elderly persons are particularly vulnerable to abuse. The most common form of psychological abuse is rejection or simply ignoring older adults.

V. Nursing interventions

A. Primary prevention. On the community level, a stance against violence should be a priority. Strong community sanctions against violence in the home can reduce abuse levels. Laws, personal security, and self-defense measures should be instituted to help prevent violence. Identification of risk factors also promotes prevention. Primary prevention also includes strengthening individuals and families so that they can cope more effectively with the demands in their lives and reduce the destructive elements in the community.

B. Secondary prevention. Nurses can help people discuss the problem and seek alternatives for dealing with the tension that led to the abusive situation. Injured persons must be temporarily or permanently placed in a safe location. Secondary preventive measures are most useful when potential abusers recognize their tendency to be abusive and seek help. Respite care is important for families with frail elderly members. It is mandatory in all states for nurses to report child abuse, even when it is only suspected.

C. Tertiary prevention. Providing care to victims and referring them for appropriate treatment are important components of tertiary prevention.